

Hill Farm Swim & Dive Team Registration Form

Team members will not be allowed to practice with the team until this form is signed and returned. Please include any medical concerns that should be brought to the attention of the coaches. A cautionary statement is posted at the pool. Team members and their parents are asked to read and understand certain precautions and responsibilities designed to improve safety and enjoyment of the sports.

Child's Name	Birth Date	Swim Team	Dive Team	Mini-Moos Cowabungas	Age as of 6/1

I/We hereby give the above child/children permission to participate on the Hill Farm Swim Club Swimming and/or Diving Team for the current swim season. In consideration of such participation I/we hereby release from liability the Hill Farm Swim Club Inc., its Board of Directors and staff, for any damage to property, death, or injury sustained by my/our children, as a result of their participation in the swimming/diving programs.

Adult 1 Name: _____ Date: _____

(Signature)

Adult 2 Name: _____ Date: _____

(Signature)

Home Phone Number: _____

Work Phone Numbers: Adult 1: _____ Adult 2: _____

Emergency Contact Name: _____ Phone: _____

EMAIL: _____

Medical Concerns: _____ YES _____ NO

If YES, describe medical concern: _____

Mini Moo Surprise T-Shirt Size: _____

ALL-CITY SURPRISE T-SHIRT SIZE: _____