

**Cazenovia Country Club ~ Swimming ~ 2017**



**Family Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Parent Information**

**Name(s):** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

**Cell-mother** \_\_\_\_\_ **Cell-father** \_\_\_\_\_

**Cazenovia Competitive Swimming Team Registration**

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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**Registration Fees**

**Members: \$125**

**Non-Members: \$200**

**Parental Permission**

I authorize my child(ren) to participate as a member of the Cazenovia Swim Team, and I affirm that there are no medical, or other, reasons to prevent his/her/their complete participation in practices and competitive events.

I agree to assume full responsibility for my child(ren)'s transportation to and from all related activities, and for all his/her/their actions apart from practice and actual competition.

I understand that **this sport requires parent volunteers**. I agree that if my child is participating in swim meets that at least 1 parent will volunteer for a meet throughout the season.

I understand that this is a team sport. I agree that, if eligible, my child will be available to swim on selected Tuesday & Thursday evenings. I also agree that I will notify the coach if my child will not be able to swim at a meet no later than 48 hours before the meet. I will review with my child(ren) the safety and other rules of the Cazenovia Country Club pool and facilities. I understand that the Cazenovia Country Club does not provide medical insurance. I hereby release the Cazenovia Country Club, its officers, coaches, officials, and other volunteers from all liability in conjunction with the competitive swimming program in which my child participates.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please make checks payable to: **Cazenovia Country Club** Amount Paid: \_\_\_\_\_ Date Pd: \_\_\_\_\_