



Family Last Name: _____

Pre-Season Camp Registration
Bronze/Silver/Gold Levels

March 29 – April 11, 2010

Parent Name: _____

Cell Phone: _____

Home Phone _____

Work Phone: _____

FEES: \$80 for Silver or Gold Level (5 practices/week) and \$70 for Bronze Level (4 practices/week)

Swimmer's Name	Fees Owed
1.	\$
2.	+ \$
Non-refundable Fee Payable by check to: Dynamo Swim Team By March 29	
	\$

MEDICAL RELEASE

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, **THE ABOVE LISTED ATHLETE(S)** IS IN GOOD HEALTH AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. I HEREBY GIVE CONSENT FOR MY CHILD/CHILDREN TO ENGAGE IN ANY AND ALL TRAINING SESSIONS WITH DYNAMO SWIM TEAM, WHICH IS OWNED AND OPERATED BY THE JEWISH COMMUNITY CENTER (JCC), COLUMBUS, OHIO. IN CASE OF INJURY, I HEREBY GIVE DYNAMO SWIM TEAM, ITS COACHING STAFF, THE JCC AND ITS STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I HEREBY FOREVER RELEASE AND HOLD HARMLESS THE AFOREMENTIONED PARTIES FROM ANY AND ALL CLAIMS OF ANY KIND THAT I OR MY HEIRS, EXECUTORS OR ASSIGNS MAY HAVE OR CLAIM TO HAVE RESULTING IN ANY WAY FROM MY CHILD'S PARTICIPATION IN THE SWIM PROGRAM.

Printed Name of Parent or Legal Guardian:	
Signature of Parent or Legal Guardian:	Date:
Participant Signature (If over age 18): 1.	2.

COMPLETE ONLY IF THERE ARE CHANGES TO THE INFORMATION THAT WAS PROVIDED FROM THE PREVIOUS SEASON

If parents or legal guardians are unavailable, please contact the person designated below:			
Contact #1:	Relationship:	Phone: () -	
Contact #2:	Relationship:	Phone: () -	
Additional comments regarding medical history, allergies, penicillin or drug reactions, etc. which may be useful in rendering medical treatment:			
Athlete 1. Name:	-- comments:		
Athlete 2. Name:	-- comments:		
DOCTOR:	Phone: () -		
DENTIST:	Phone: () -		
Parent or Legal Guardian Insurance Information			
Company Name:	Policy Number:		
Address:	City	State:	Zip:
Telephone:			
Parent or Legal Guardian Dental Insurance Information			
Company Name:	Policy Number:		
Address:	City	State:	Zip:
Telephone:			