

**Hummelstown Swim Team
2009 Summer Season
Registration Form**

The registration fee for 2009 is **\$70.00** per child. Checks should be made payable to the *Hummelstown Swim Club*. Please complete a registration form for **EACH** swimmer and either mail to *Coach Cari Zelko, 221 Fox Grove Place, Hummelstown, PA 17036* or return it at the suit sizing/registration meeting with the required registration fee(s).

Swimmer & Family Information

Name (Last, First): _____ Birth date: _____ Age as of 6/1/09 _____

Gender (M/F): _____ Shirt Size: _____ Shoe Size: _____

Primary Contact (Parents Names): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

List Secondary Contact (if different from Primary Contact): _____

Family Physician: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Indicate any special information and/or medical conditions: _____

Winter Swimmer (yes/no) _____ If yes, where: _____

School District of Swimmer: _____

Are you able to obtain the newsletter and information from the web page? Circle one: Yes No

Permission Statement and Waiver of Liability

This is to confirm that the above-named swimmer has my permission to participate in the 2009 Summer Hummelstown Swim Team (HST) program. It is understood that HST and HSC do not provide hospitalization and medical insurance and are not legally responsible for any injury, or death, to a participant in the HST/HSC program.

Please check the appropriate information below:

The above-named child is covered under our family hospitalization and medical insurance.

We have no hospitalization or medical insurance to cover our child. Therefore, in the absence of family insurance coverage, the parent/guardian will assume the responsibility in case of injury, or death. I, hereby, relieve the HST and its coaches and HSC and its personnel from responsibilities in case injury or death should occur.

I give my permission for the above-named child to be treated in my absence for any emergency.

Further, I hereby waiver any claim for bodily injury, or death, or property damage against the Hummelstown Swim Club and its personnel and Hummelstown Swim Team and its coaches while the above-named swimmer is a participant on the Hummelstown Swim Team.

Parent/Guardian Signature: _____ Date: _____