DEER PARK SEALS SWIM TEAM
REGISTRATION FORM

Father's Name _____ Mother's Name _____

Address _____ Address _____

Zip Code _____ Zip Code _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Please enter each swimmer's information below:

Swimmers Name	Birth Date	Gender	T-shirt Size

T-shirts are provided to swimmers with fully paid registration fees. Sizes available: Youth L, Adult S, M, L, XL, XXL

Additional T-shirt Order - $12/shirt

Quantity	YL	AS	AM	AL	AXL	AXXL	Total	Price

EMERGENCY FIRST AID AUTHORIZATION: The undersigned agrees in the event my(our) child(ren) is injured or becomes ill when I(we) are not in attendance during swim practice, meet or other team activity. I(we) authorize a Team representative to obtain medical treatment or emergency first aid treatment at the nearest doctor's office, clinic, hospital, etc. I (we) will not hold Deer Park Seals Swim Team responsible for any benefits beyond their CCSL Insurance Program and will secure adequate family insurance coverage is additional protection is desired.

Doctor's Name	Address & Phone	
Insurance Company	Benefit Phone #	Policy No.

THIS FORM MUST BE COMPLETED IN FULL FOR AUTHORIZATION TO BE EFFECTIVE

LIABILITY: The undersigned parent(s)/guardian(s) of the child(ren) named above hereby agrees to assume all risks and hold harmless the Deer Park Summer Swim Team, the City of Deer Park, the Deer Park Independent School District and the Clear Creek Swim League, together with the officers, directors and employees, from all claims or liabilities of any nature associated with the participation of the above name child(ren) in the swimming program, activities and events involving the Deer Park Seals Swim Team.

_____ _____

Parent/Guardian Signature **Date** **Parent/Guardian Signature** **Date**

All Swimmers must complete a T.A.A.F. Participant's Release and Waiver of Liability