

DEER PARK SEALS SWIM TEAM REGISTRATION FORM

Father's Name _____ Phone (Cell or Work) _____

Mother's Name _____ Phone (Cell or Work) _____

Address _____ Zip Code _____

Home Phone _____

Email _____

Please enter each swimmers information below

First Name	Last Name	Birthday	Gender	T-shirt Size*

T-shirts are provided to swimmers with fully paid registration fees.

*T-Shirt sizes available Youth L, Adult S, M, L, XL, XXL

Additional T-Shirt Order- \$10/Shirt

Quantity	YL	AS	AM	AL	AXL	AXXL	TOTAL	Qty x \$10

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 a 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 the Deer Park Seals Swim Team responsible for any benefits beyond their CCSL Insurance Program and will secure adequate family insurance coverage if additional protection is desired.

Doctor's Name	Address and Phone	
Insurance Company:	Benefit Phone #:	Policy Number:

THIS INFORMATION MUST BE COMPLETED IN FULL FOR THE 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 named 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