

Last Name: _____

Harleysville Swimming & Diving Team – Summer Registration Form

Member #1 _____ M/F

First Name _____ Middle Initial _____ Birth Date _____ age on 6/15 _____
Phone _____ email _____

Medical Restrictions: _____

Interested in: Swimming Diving (please circle)

Member #2 _____ M/F

First Name _____ Middle Initial _____ Birth Date _____ age on 6/15 _____
Phone _____ email _____

Medical Restrictions: _____

Interested in: Swimming Diving Both

Member #3 _____ M/F

First Name _____ Middle Initial _____ Birth Date _____ age on 6/15 _____
Phone _____ email _____

Medical Restrictions: _____

Interested in: Swimming Diving (please circle)

Primary Contact:

Father: Last _____ **First** _____

Mother: Last _____ **First** _____

Address:

_____ Street _____ City _____ State _____ Zip _____

Father Phone #: (____) _____ (____) _____ (____) _____
Home with Area Code Work with Area Code Cell with Area Code

Mother Phone #: (____) _____ (____) _____ (____) _____
Home with Area Code Work with Area Code Cell with Area Code

Email Address: _____

Indicate preferred contact by *

Medical Information (This must be filled out in order to register)

Health Insurance: _____

Health Insurance Policy #: _____

Parent Signature

Date

Waiver: I, the parent/guardian of the registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of the Bux-Mont League, the the Harleysville Swim Team and the Harleysville Community Center and its' affiliated organizations and sponsors. Recognizing the possibility of physical injury, illness or loss of property associated with swimming and diving, and in consideration for the Bux-Mont League and the Harleysville Swim Team accepting the registrant for its swim program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Harleysville Swim Team its affiliated organizations and sponsors, their employed coaches and Harleysville Swim Team Board members and associated personnel, including the owners of the pools and facilities utilized for the Programs, against any claim by or behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to and from the same, which transportation I hereby authorize.

I have read and agree to the above waiver:

Signature

Date

Photo Release

Harleysville Swim & Dive Team
Harleysville Community Center, Park Ave.
Harleysville, PA 19438

I grant to Harleysville Swim & Dive Team, the right to take photographs of me and my family in connection during the 2011 summer swim & dive season. I authorize Harleysville Swim & Dive Team to use and publish the same in print and/or electronically.

I agree that Harleysville Swim & Dive Team may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____ Date _____

Signature, parent or guardian _____
(if under age 18)

I **DO NOT** grant permission to have my child's photo used for public display _____
(please check if applicable)