

## 2010 Zena Sundevils Swim Team Registration & Medical Release Form

Swimmer's Last Name \_\_\_\_\_

(Mom) \_\_\_\_\_  
 Parent/Guardian Name Home Phone Work Phone

(Dad) \_\_\_\_\_  
 Parent/Guardian Name Home Phone Work Phone

Address \_\_\_\_\_ Town/City/Zip \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_

Swimmer's E-mail Address \_\_\_\_\_

\_\_\_\_\_  
 Alternate Emergency Contact Home Phone Work Phone Relationship to Swimmer

Swimmer	Date of Birth	t-shirt size	Suit size	Medical Concerns (attach sheet)	
1.			M/F	YES	NO
2.			M/F	YES	NO
3.			M/F	YES	NO
4.			M/F	YES	NO

Girls suits: \$55 Boy's Jammers: \$35 Briefs: \$28 Adult T-shirt sizes S,M,L,XL Free w/early registration.

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

I, the parent/guardian of the above named, hereby give approval for the participation in any and all Zena Recreation Swim Team activities. I also state that the above named have been examined by a physician and found to be in good health and fit for a season of competitive swimming. In case of emergency, should the family physician not be able to be reached, I hereby authorize another available, licensed physician to treat my child (children).

Signature of Parent/Guardian \_\_\_\_\_ Date of Signature \_\_\_\_\_

**PRIOR TO A SWIMMER BEING ALLOWED TO PRACTICE OR COMPETE WITH THE SWIM TEAM, THIS REGISTRATION AND MEDICAL RELEASE FORM MUST BE COMPLETE, FEE PAID, AND A PARENT/GUARDIAN MUST AGREE TO SUPPORT THE TEAM BY HELPING AT THREE (3) SWIM MEETS, AND THE DUSO CHAMPIONSHIP MEET IN AUGUST.**

**Zena Rec Member Fee: \$50.00 each (discount for more than 3 children)**

**Non- Member Fee : \$200 each (\*the difference to Zena member fee will be credited if your family decides to become a Zena member this season.)**

**This fee INCLUDES team registration and DUSO registration.**

Apparel: \$ \_\_\_\_\_

Registration fee/amount paid: \$ \_\_\_\_\_

Check Number \_\_\_\_\_

TOTAL:\$ \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_