

2010 LAKE LYTAL LIGHTNING SWIM TEAM, INC.

www.lightning-swimming.org

YEARLY TEAM REGISTRATION FORM

SWIMMERS LAST NAME _____ FIRST NAME _____ MI _____

SWIMMERS "PREFERRED NAME" OR NICKNAME IF DIFFERENT FROM ABOVE

SWIMMER'S DATE OF BIRTH (MONTH/DAY/YEAR)____/____/____ GENDER (M/F) _____

PARENT NAME (FATHER)_____ PARENT NAME (MOTHER)_____

STREET ADDRESS: _____

CITY : _____ STATE: FLORIDA ZIP: _____

TELEPHONE # HOME _____ WORK # _____

CELL # _____ E-MAIL ADDRESS _____

IN ORDER TO BEGIN SWIMMING **2** CHECKS MUST BE INITIALLY SUBMITTED:

1) **MONTHLY TRAINING FEES**

Payable to: "BOCC" or Board of County Commissioners
(DUE BY THE 10TH OF EACH MONTH)

RED \$70	BRONZE \$75	GOLD \$80
SILVER \$80	SENIOR \$85	\$40: IF SWIMMER BEGINS AFTER 15TH OF MONTH

MONTHLY TRAINING FEES MUST BE PAID IN FULL REGARDLESS OF HOW MANY TIMES PER MONTH YOUR CHILD PRACTICES.

2) **USA SWIMMING REGISTRATION \$70**

Payable to: "LAKE LYTAL LIGHTNING" or LLL
(INCLUDES A LLL CAP WHEN THE FIRST MEET IS ATTENDED)

3) **FAMILY ASSESSMENT \$85**

Payable to: "LAKE LYTAL LIGHTNING" or LLL

"I AGREE TO THE ABOVE 3 FINANCIAL OBLIGATIONS":

PARENT/GUARDIAN SIGNATURE

(OVER)

I hereby grant permission for my child to participate on the Lake Lytal Lightning Swim Team and agree to indemnify and hold harmless the Lake Lytal Lightning Swim Team and its officers, agents, employees, volunteer help, any community organization co-sponsoring the program, Lake Lytal Lightning Parents Booster Club and Board of Directors, USA Swimming, and the Palm Beach County Parks and Recreation Department, from and against any and all liabilities for any injury which may be suffered by my child arising out of or in any way connected with his/her participation in the program name above, including, but not limited to losses or liabilities arising out of the acts or omissions of the Lake Lytal Lightning Swim Team or its officers, agents, employees, volunteer help, any community organization co-sponsoring the program, Lake Lytal Lightning Parents Booster Club and Board of Directors, USA Swimming, and the Palm Beach County Parks and Recreation Department.

Parental/Guardian Signature _____ Date _____

To whom it may concern: As a parent and/or guardian of the child named on this form ("Swimmer"), I authorize a qualified and licensed medical doctor to treat the child in the event of a medical emergency which, in the opinion of the attending physician, may endanger the "Swimmers" life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the above listed named parent/guardian. This authorization form is completed and signed of my own free will with the sole purpose of authorizing medical treatment for the "Swimmer" under emergency circumstances in my absence.

Parent/Guardian Signature _____ Date _____

Family Physician _____ Phone _____

Specific medical allergies, chronic illnesses or other conditions that may impair "Swimmer"s ability to participate in athletic practice or competition:

Additional Contacts in Case of
Emergency: _____