

When registering you must attach proof of residency with your registration one the following will be accepted: Copy of your License black out your ss#, utility bill, include a birth certificate if your child's last name is differs from the parents.

Complete, print, and submit only page 2.

Summer 2018
Fees are nonrefundable

Check#	
Amount	

WALPOLE SWIM TEAM REGISTRATION

<http://www.walpoleswimteam.com>

		Payment/ Total Fee
<input type="checkbox"/>	\$285 for one/first child	
<input type="checkbox"/>	\$180 for second child	
<input type="checkbox"/>	\$160 for third child	You may fill in the form online. Please print a copy to be mailed with your check.
<input type="checkbox"/>	\$105 for each additional child	
Make checks payable to Walpole Swim Team		

First Name	Last Name	Birthday	M/F	Medical Problems	Allergies	Prescriptions

Parents:

Last	Father	Mother
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Home address

Street	City	Zip
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Home Phone	Emergency Contact & Phone	E-mail Address
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For and in consideration of acceptance of this application for membership on the Walpole Swim Team, the undersigned, their heirs, executors, administrators and assigns, hereby assume all risk of loss, damage or injury to person or property, arising out of or in connection with any and all activities of the Team, and release the Team, its agents, successors and assigns from all claims for such loss, damage, or injury sustained by the undersigned and agrees to indemnify the Team, its agents, successors and assigns from all damages, interest, costs, charges and expenses on account of such a loss, damage, or injury sustained by the undersigned.

MEDICAL RELEASE
(Swimmers must have medical Insurance)

I am aware that my child (children) will be participating in a program of vigorous physical activity. S/he (they) has (have) been examined by a medical doctor within the past year, and was (were) found to be in good physical condition. I am also aware of the financial obligations and responsibilities set forth in this application.

Family Doctor **Phone**

Insurance Information: Subscriber:
Medical Insurance Company:
Medical Insurance Policy #:

In the event of injury to the above named minor(s), while away or involved in a swimming meet or related club activity, I hereby give my permission to the coaches and/or chaperons of the WALPOLE SWIM TEAM to obtain and administer medical aid or assistance, including that of a duly licensed medical doctor, as might be required for the immediate care of my child/ward in the event of such an emergency. I further request that in the event that facial sutures be deemed necessary, a plastic surgeon be requested. I waive this request if the situation is life-threatening.

Signature of Parent or Guardian: Referred by