

LANSING SWIM ORGANIZATION

New Swimmer Registration

Please print all of the following information:
Swimmer's Name(s):

_____/_____/19_____
(Last Name) (First Name) (MI) (Sex) (Age) (Date of Birth)

_____/_____/19_____
(Last Name) (First Name) (MI) (Sex) (Age) (Date of Birth)

_____/_____/19_____
(Last Name) (First Name) (MI) (Sex) (Age) (Date of Birth)

Parent(s)/Legal Guardian(s): _____

Address: _____

Home Phone: (____)_____ Work Phone: (____)_____

Cell Phone: (____)_____

E-mail (if available): _____ @ _____ . _____

In case of an emergency, please give a name and phone number of someone not living at the above address that we may contact:

Name: _____ Phone: _____

I UNDERSTAND THAT THERE ARE CERTAIN INHERENT RISKS WHEN TRAINING FOR AND COMPETING IN SWIM MEETS. TO THE BEST OF KNOWLEDGE, MY CHILD(REN) IS/ARE HEALTHY AND ABLE TO COMPLETE IN THE TRAINING. IN CONSIDERATION OF MY CHILD(REN)'S MEMBERSHIP, I DO FURTHER HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LANSING SWIM ORGANIZATION, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND THEIR REPRESENTATIVE AND SUCCESSORS, FROM ANY LIABILITY OF CLAIMS ARISING FROM ANY INJURY TO SUCH CHILD.

Parent(s) or Legal Guardian's Signature: _____

Date: _____, 201_