

SR EELS REGISTRATION AND RELEASE FORM

Name _____ Gender M / F

Address _____

City _____ State _____ Zip _____

Email _____ Birth date ____/____/____

School District _____ Age as of October 1st _____ Grade _____

Mother's Name _____

Home Phone _____ Cell Phone _____

Father's Name _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Relationship to swimmer _____

Home Phone _____ Cell Phone _____

Family Physician _____ Phone _____

Primary Insurance _____ Group # _____

Policy # _____ Phone _____

Does the swimmer have any medical problems or conditions? No / Yes If Yes, please explain, including allergies, and list necessary medications _____

Is the child participating in other team sports or activities during the Eels swim season? Yes / No

_____ I/we understand that athletes participating in swimming may, by the nature of the sport, suffer injury. I/we are aware of the and voluntarily assume all responsibility, financial and otherwise for those risks. I/we further agree to release and hold harmless Slippery Rock Eels, it's board members, coaches, volunteers and Slippery Rock University et al from any claim, liabilities or rights for any injuries or losses suffered by my son/daughter in training for, traveling to/from and while participating in the Slippery Rock Eels Swim Team Program.

_____ In case of medical emergency, I/we authorize medical treatment and give permission for our child to be transported to the nearest medical facility and will assume all financial responsibility for services rendered.

_____ I have received a copy of and understand the Eels behavior policy.

My signature below indicates that I have read and understand the Registration and Release Form.

Parent/Legal Guardian Signature

Date