

HEARTLAND AQUATICS REGISTRATION SHEET

Swimmer Name: _____
Last *First* *Middle*

Swimmer Address: _____
Street *City* *State* *Zip*

Birth date: _____ Grade: _____ Home Phone: _____ Unlisted?

E-mail Address(es): _____

T-Shirt Size: YM YL AS AM AL

Please fill in this information only for adults residing at this address

Father's Name: _____ Occupation/Employer: _____

Work Phone: _____ Pager/Cell: _____

Mother's Name: _____ Occupation/Employer: _____

Work Phone: _____ Pager/Cell: _____

Stepfather's Name: _____ Occupation/Employer: _____

Work Phone: _____ Pager/Cell: _____

Stepmother's Name: _____ Occupation/Employer: _____

Work Phone: _____ Pager/Cell: _____

Biological Parent **not living in the home**: Call if custodial parent cannot be reached? Yes No

Name: _____ Home Phone: _____ Work Phone: _____

My child may be photographed, recorded on film and/or taped while participating in team-related activities: Yes No

The name, telephone, and address of my child may be released for team use by Heartland Aquatics for purposed of a team roster, etc.: Yes No

Parent/Guardian Signature _____ Date _____

HEARTLAND AQUATICS MEDICAL INFORMATION

Emergency Contact (other than listed on registration sheet):

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

List any medications taken regularly: _____

Describe any allergies or special conditions: _____

Describe any serious injuries or operations: _____

Do you wear glasses? Yes No Contacts? Yes No

RELEASE OF ALL CLAIMS AND AUTHORIZATION FOR MEDICAL TREATMENT

Parent/Guardian wishes Swimmer to participate in the competitive swimming program sponsored by Heartland Aquatics ("HLA"). In consideration for the privilege of the Swimmer's participation in this activity, Parent/Guardian agrees to the following:

A) Parent/Guardian certifies that Swimmer is physically capable of participating in a competitive swimming program and that he/she will take responsibility for physical fitness and capability to perform under the normal conditions of a competitive swimming program.

B) Parent/Guardian has hereby been made aware that the Swimmer's participation in competitive swimming has the following non-exhaustive list of particular risks: cardiovascular stress, sprains, strains, abrasions, dislocations, fractures, concussions, sun burn, heat exhaustion, food-related illnesses, contusions, blisters and the reckless conduct of other participants.

C) Parent/Guardian understands and agrees that Swimmer may travel to and from program activities by bus, parent car pool, coach-owned vehicle and rented vehicle transportation.

D) Parent/Guardian, with the intention of binding him/herself and Swimmer and their respective heirs, legal representatives and assigns, assumes all risks in connection with participation in this competitive swimming program and hereby releases all instructors, agents, operators, coaches, chaperones and board members of HLA from liability for any injury or damage which may befall Swimmer while participating in this competitive swimming program. Parent/Guardian agrees to save and hold harmless HLA, their heirs, legal representatives, successors and assigns against loss from any further claims, demands or actions that may be brought by Swimmer or by any other person or persons arising out of Swimmer's participation in this competitive swimming program.

In case of medical emergency, Parent/Guardian hereby authorizes HLA, by and through its coaches and/or chaperones, to take all reasonable steps to secure the health and safety of Swimmer and hereby authorizes and consents to medical or surgical diagnosis or treatment and/or hospital care including, but not limited to, x-ray examinations and anesthetic for the benefit of Swimmer. Parent/Guardian certifies that he/she is of lawful age and legally competent to sign this release and authorization and that he/she understands the terms contained herein are contractual and not mere recitals.

Parent/Guardian Signature _____ Date _____