

2007 CHAPPAQUA SWIM & TENNIS ASSOCIATION- SWIM TEAM REGISTRATION
(Please fill out one form for each family)

Swimmer(s) Name(s):

1) _____ M/F2)
_____ M/F3)
_____ M/F

Age(s) (as of June 1): Swimmer 1: _____ Swimmer
2: _____ Swimmer 3: _____

Birth date(s) (mm/dd/yy): Swimmer
1: _____ Swimmer
2: _____ Swimmer
3: _____

Parent/guardian name(s): _____

Address: _____

Phone number (home): _____

Work and/or Cell # _____ E-Mail Address _____

\$50 Per Swimmer: Check # _____

Please check one or both: Swim Team Participant _____ Dive Team Participant _____

Please list any specific health problems, physical limitations, or allergies that may affect or interfere with the athlete's ability to participate in the full program.

Please list names/numbers of people other than parents to contact in the event of an emergency :Name _____ Phone _____

Name _____ Phone _____

Release Form

I, _____, understand that in all/any physical activity an element of risk is involved. I give my child,

_____ permission to participate in the Chappaqua Swim & Tennis Association ("**CS&T**") Swim Team Program. I release CS&T, their employees and agents, from any and all liability for injury and loss which may occur during my child's participation in the CS&T Swim Team Program. In case of an emergency, I give permission to the CS&T Staff to take, or have my child transported to a hospital for treatment, including evaluation of injuries, x-rays and needed care.

Signature _____ Date _____