

OFRC Swim/ Dive Team Registration

- 1. Please complete the following information completely and legibly.
- 2. Return forms along with payment to the registration table. All fees may be charged to your account.

Each form can hold the names of two children from the same family. Please complete a second form for additional children.

Parent Name: _____
Last First

Address: _____
Street City State Zip

Email Address: _____ Primary Phone Number: _____

(please note that email will be the primary source of communication and will not be shared)

Child 1

Name: _____ DOB: _____

Circle One: Male Female Child's Age (as of June 1st) _____

Check one or both: Swim Team _____ (\$40.00)
Dive Team _____ (\$40.00 or \$25.00 if participating on both)

Subtotal Swim/Dive team cost for Child 1 \$_____

T-Shirt Size: YS YM YL AS AM AL AXL AXXL

*** Swim & Dive team fees are non-refundable.** # This amount will be billed to your account.

Child 2

Name: _____ DOB: _____

Circle One: Male Female Child's Age (as of June 1st) _____

Check one or both: Swim Team _____ (\$40.00)
Dive Team _____ (\$40.00 or \$25.00 if participating on both)

Subtotal Swim/Dive team cost for Child 2 \$_____

T-Shirt Size: YS YM YL AS AM AL AXL AXXL (add any additional shirts)

*** Swim & Dive team fees are non-refundable.** # This amount will be billed to your account.

Total for Child 1 and 2 \$_____

Volunteer responsibility/dates: (Ex. Timer July 4th) _____

I understand that all registrations are final and that no refunds will be given. I also understand that if charged, the above amount will show up on my Club statement and I will be responsible for paying that amount. Any unpaid charges could result in suspension or expulsion from Club.

Parent/ Guardian Signature _____ Date: _____

**The Olde Forest Racquet Club Swim and Dive Team
Medical Release and Waiver**

Participant's Name	Age	Sex	Special Conditions/Allergies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parents' Names: _____

Parents' Contact Numbers:

Primary # _____ **Secondary #** _____ ; _____

Additional Emergency Contact Info: Name: _____

Phone Number: _____

I do hereby grant the bearer of this letter my permission and consent to render emergency medical treatment for my child/ren. This authorization includes the power to consent to, and approve of, emergency medical treatment by a physician, hospital or emergency care unit for such operation or procedures as are considered necessary or appropriate in the judgment of the medical staff of the facility rendering treatment. In addition, I understand that all expenses incurred in administrating such treatment will be assumed by me and are not the responsibility of
The Olde Forest Racquet Club.

Parent/Guardian Name – Printed **Parent/Guardian Name – Signed** **Date**