

# TARA TARPONS SWIM TEAM REGISTRATION 2010

Parent/Guardian \_\_\_\_\_, \_\_\_\_\_  
Last First

Tara Club member? (Circle) Yes No E-mail: \_\_\_\_\_  
(must be paid to register at member rate)

Address \_\_\_\_\_  
Street City State Zip

Home phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Swimmers (Please give full name if last name is different)

	Child's name (Last, First)	DOB (MM/DD/YYYY)	T-shirt (YS, YM, YLS, M, L, XL)	Sex
1.	_____	____/____/____	_____	M F
2.	_____	____/____/____	_____	M F
3.	_____	____/____/____	_____	M F
4.	_____	____/____/____	_____	M F
5.	_____	____/____/____	_____	M F

Have any of the above practiced or competed regularly with another organization (e.g. Crawfish, TAQ, YMCA) since last summer? If so, please give child's name, club name and approximate dates:

Emergency contacts that can be reached during swim team hours:

_____	(____)____-____	_____
Name	Phone	Relationship
_____	(____)____-____	_____
Name	Phone	Relationship

Physician's name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Insurance company: \_\_\_\_\_ Policy# \_\_\_\_\_

**Fee schedule (Tara Club members):**

Total cost (includes T-shirt and cap):  
One \$70 Two \$125 Three \$180  
Four \$235 Five \$290

**Swim team ONLY (nonmember):**

\$100 per swimmer  
Number: \_\_\_\_\_ X \$100 = \_\_\_\_\_

**MEDICAL TREATMENT CONSENT AND LIABILITY RELEASE:**

I, the undersigned parent/guardian, do hereby grant permission for my child(ren), as disclosed on this enrollment form, to receive medical treatment in the event of an injury or illness while attending practice and/or swim meets involving Tara Swim Team, and I accept responsibility for the full payment of such medical treatment. I hereby release, acquit, and forever discharge the Tara Swim Team, the Tara Swim and Racquet Club, Inc., the Tara Swim Team coaching staff, and their representatives, and do further hold all such parties harmless in the exercise of this authority, and do hereby release each of them from all liability for any and all loss or damage, any claim for damages resulting thereof, on account of injury to my child(ren) while attending practice and/or swim meets in any way relating, regarding, or pertaining to the Tara Swim Team.

\_\_\_\_\_  
Parent/Guardian Signature Date

Paid by:  Check# \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Cash (initials)