

Please check if
new to Barracudas

Bedford Barracudas Swim Team 2018
Swimmer Information Form
(Registration Cost \$125 per swimmer)

SWIMMER INFORMATION

Last Name: _____
First Name: _____ Middle Init.: _____
Nickname: _____
Birth Date: ____/____/____
Age as of 7/1/18: _____ Male Female
Is the swimmer a registered U.S. Swimmer? If yes, Team Name _____
T-shirt Size: Youth M L Adult S M L XL

PARENT INFORMATION

Parent/Guardian #1
Last Name: _____
First Name: _____
Work Phone: _____ Cell: _____
Parent/Guardian #2
Last Name: _____
First Name: _____
Work Phone: _____ Cell: _____
Primary Mailing Address: _____
Town: _____ State: _____ Zip: _____
Home Phone: _____
Home Email (**REQUIRED**): _____

MEDICAL INFORMATION

Doctor's Name: _____
Phone: _____
Dentist's Name: _____
Phone: _____
Preferred Hospital (under your health plan): _____

EMERGENCY CONTACT (if parent is unreachable):

Name: _____
Phone: _____

Please list any medical issues or limitations, and prescribed medications below
(responses are confidential for use only in case of emergency):

In case of emergency, if the physician or dentist shown cannot be reached, I hereby authorize the above named swimmer to be treated by another qualified, licensed physician or dentist and/or transported to an emergency medical facility.

_____ **Date:** _____
(Signature of Parent/Guardian)

LIABILITY WAIVER

I, the parent/guardian of the above-named child, hereby give my approval for his/her participation as a swimmer on the Bedford Swim Team, and their participation in any and all Bedford Swim Team activities, including transportation to and from events. I understand that swimming is an action sport carrying the risk of significant personal injury, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Bedford Swim Team, its Coaches, its Board of Directors, the Town of Bedford, sponsors, and volunteers while my child travels to and participates in practices and meets, of any claim arising out of any injury to my child.

PUBLICATION OF INFORMATION WAIVER

By signing below, you **allow** / **disallow** the publication of your swimmer's name, age, address, telephone number, and family email to the team only roster document, and **allow** / **disallow** the publication of your swimmer's meet results and/or photograph to the team website and/or local newspapers. "I do hereby waive, release, absolve, indemnify and agree to hold harmless the Bedford Swim Team, its Coaches, its Board of Directors, the Town of Bedford, sponsors, and volunteers from any claim arising out of any harm or injury due to publication of this information."

SIGNATURE

By signing below, you certify that all information provided on this form is true and complete, and you agree to both the "Liability Waiver" and your allowances or disallowances in the "Publication of Information" waiver stated above.

_____ **Date:** _____
(Signature of Parent/Guardian)