

Family Last Name

# DEVENGER SWIM TEAM REGISTRATION AND MEDICAL RELEASE FORM

<u>SWIMMER'S NAME</u>	<u>M/F</u>	<u>BIRTHDAY</u>	<u>AGE AS OF MAY 31</u>	<u>GUPPY OR DOLPHIN</u>	<u>BIRTH CERTIFICATE ON FILE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Address (include city and zip): \_\_\_\_\_

Home Phone # \_\_\_\_\_

E-mail addresses to receive swim team announcements (including swimmers):

Father's name & work or cell # \_\_\_\_\_

E-mail #1: \_\_\_\_\_ Name: \_\_\_\_\_

Mother's name & work or cell # \_\_\_\_\_

E-mail #2: \_\_\_\_\_ Name: \_\_\_\_\_

Medical Insurance \_\_\_\_\_ policy # \_\_\_\_\_

I do hereby grant the bearer of this letter my permission and consent to render medical treatment for my swimmer(s). This authorization includes the power to consent to, and approve of emergency medical treatment by a physician, hospital, or emergency care unit for such operations or procedures as are considered necessary or appropriate in the judgment of the medical staff of facility rendering the treatment. In addition, I understand that all expenses incurred in administering such treatment will be assumed and borne by me and are not the responsibility of SAIL or my child's team or club.

I also understand that no claim may be against SAIL or its insurance carriers until all claims have been made and answered by all other Insurance carriers on my swimmer.

For further information, please contact Lori Mooney-Smith (322-8087)/Kim Davis (230-1321)/Kathy Nelson (292-3199) or e-mail to [lorimooneysmith@gmail.com](mailto:lorimooneysmith@gmail.com) or [kimdavis@charter.net](mailto:kimdavis@charter.net)

All forms and payment of fees must be received by May 1st to avoid late payment fee.  
The fee is \$80 for each swimmer. Please make check payable to Devenger Swim Team.

Parent/Guardian name printed

Parent/Guardian name signed

Date

Article XII, section 8 of SAIL bylaws: An individual's eligibility to compete in SAIL meets is based upon the individual's family membership in their community pool. For an individual to participate his/her family must have purchased a regular family membership prior to competing in any team activities.

*Please bring this form and payment to the swim team sign-up meeting on either Sunday, March 27 at 2 p.m. or Sunday, April 10 at 2 p.m. at the pool. Form and payment may also be hand-delivered to Lori Mooney- Smith, Kim Davis or Kathy Nelson.*