

# KENMONT TSUNAMI REGISTRATION

<b>Swimmer(s) Name</b>	<b>Pre-Team Or Team</b>	<b>M or F</b>	<b>Date of Birth</b>	<b>Age as of June 1</b>

Address \_\_\_\_\_

Home Ph# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Ph# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Ph# \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Ph # \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Physician Name \_\_\_\_\_ Ph# \_\_\_\_\_

Dentist Name \_\_\_\_\_ Ph# \_\_\_\_\_

Allergies \_\_\_\_\_ Medication(s) \_\_\_\_\_

**REGISTRATION FEE: \$80 PER SWIMMER (team or pre-team) \$200 cap for 3 or more**

Number of Swimmers registered \_\_\_\_ X \$80(\$200 cap) = \$\_\_\_\_\_ enclosed

Please make payments to: Kenmont Swim Team

Swim team registration deadline: **6/12/10** (\$15 Late Fee)

**Pre-team deadline 6/25/10 NO LATE REGISTRATIONS ACCEPTED!!!**

*I give my swimmer(s) permission to participate in all swim team activities. I hereby agree to indemnify defend, and hold harmless Kensington Heights Recreation Association, Inc., the Kenmont Tsunami Swim Team, and each of its directors, officers, agents, managers, employees, volunteers, successors and assignees from and against any and all claims, demands, defense costs, liability, expense, or damages (direct and indirect) of any kind or nature arising from or in connection with swim team participation or arising out of any act or omission.*

Signature of Parent or Guardian: \_\_\_\_\_

Date. \_\_\_\_\_