Methacton Aquatic Club
Summer 2009 Registration Form

Amount PAID _____

Check # _____

Please fill out one for *each* child.

Child's Name_____ Birth Date_____
(Last) (First)

Address_____
(Street) (City) (Zip)

Phone_____ Age_____ Swimmer_____ Male_____
OR
Female_____

Home Phone_____Cell: _____

Emergency Name and Phone**_____
***during swim clinic hours

Parent E-mail Address(es) –Please give us your most frequently checked e-mail addresses

_____

_____

Parents _____
(Mother) (Father)

School your child will attend and grade completed:

_____

In Case of Emergency

In the event of an illness or accident occurring while the child named here is participating in the Methacton Aquatic Club programs, I hereby request that they be taken to the following Physician or Hospital Emergency Room:

Hospital		
Physician Name	Phone	
Insurance Co. Name		
Insurance Group Number		
Medical Conditions (Use separate paper if needed)		

As a condition of participation in the Methacton Aquatic Club (MAC) swimming or diving, I/We, the parents of the above named child, hereby give my/our approval to their participation in any and all of the activities of the MAC. I/We assume all risks and hazards incidental to the conduct of the activities, including transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless the MAC, the Methacton School District, the Organizers, Sponsors, the swimming facility and personnel, and the coaches, any or all of them, in case of injury to my child resulting from said participation.

_____ _____
Signature of Parent(s) or Guardian(s) (Date)