

COVINGTON WOODS STINGRAY SWIMMER REGISTRATION

New to team No. of Years on team No changes from last year
 New information __Address__ Phone __911 contact

Swimmer's Name: _____ Sex _____ Age _____ DOB _____ Tank/T-shirt size: _____
 Swimmer's Name: _____ Sex _____ Age _____ DOB _____ Tank/T-shirt size: _____
 Swimmer's Name: _____ Sex _____ Age _____ DOB _____ Tank/T-shirt size: _____
 Swimmer's Name: _____ Sex _____ Age _____ DOB _____ Tank/T-shirt size: _____

Additional Tank/T-shirts: _____ Sizes: _____ TOTAL COST:\$ _____

CHECK HERE IF YOU DO NOT WANT YOUR PERSONAL INFO IN THE TEAM DIRECTORY

Parent(s) Name: Mother: _____ Father: _____
 Address: _____ (H) Phone: _____
 City: _____, TX Zip: _____ (W) Phone: _____
 Contact in case of emergency: _____ Phone: _____
 Doctor: _____ Phone: _____
 Hospital Preference: _____ Phone: _____
 Insurance Co: _____ Phone: _____
 Policy # _____ Group # _____ Allergic to: _____
 Current Medication: _____
 Previous injuries/restrictions: _____
 Email most used: _____

Yes, I understand that my child will be evaluated on his/her swimming abilities and that the initial coach(es) have the final decision as to whether my child meets the requirements for participation.

Yes, I understand that any misconduct on the part of my child may result in disciplinary action up to and including suspension.

I understand that participation in the Covington Woods Swim Team (CWST) is completely voluntary, and I do not hold CWST, Covington Woods HOA, the coaches, or the CWST board members and all involved, liable in case of an accident traveling to and from, or during participation in scheduled activities of the organization. In case of emergency, I give CWST permission to provide any and all emergency treatment necessary.

Parent Signature: _____ Date: _____

CWST USE ONLY		
Registration Total:	Shirt Total:	Grand Total:
Check #	Cash Total:	Rec'd by: