

Nevada Neptunes Swim Team, Inc.

Registration and Release

Swimmers Name _____ Date of Birth _____ Age _____ M/F _____

Parent or Guardian(s) Responsible for Swimmer _____ Email Address(billing statements through email) _____

Siblings Name(s) _____ Home Phone # _____ / _____ Work Phone # _____

Address _____ Cell Phone # _____ Texting: Yes No _____

Physician Name/Phone # _____ Emergency Contact Name and Phone # _____

Medical Insurance Company _____ Policy Number _____

Injuries, Illnesses, Allergies

The undersigned (s), representing themselves to be custodial parent/guardian (s) of the above-named child, do(es) hereby release the Nevada Neptunes Swim Team Inc., its members, officers, and employees, from any and all liability resulting from injury to the above-named child which occurs as a result of the child's participation in swim practices or meets sponsored by the Nevada Neptunes Swim Team, Inc. This release is to protect only the parties named above and is not intended to release any other individual, person, or entity from liability. In further consideration of the Nevada Neptunes Swim Team Inc.'s efforts in making competitive swimming available to the above-named child, the undersigned (s) do (es) also agree to indemnify and hold harmless the Nevada Neptunes Swim Team, Inc., its members, officers, and employees against loss for claims of actions brought by said child or by anyone on behalf of said child.

I certify that the above-named swimmer can swim 25 yards.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Name: _____

Gold

Silver

Bronze

THIS PAGE IS FOR BOARD USE ONLY.

Amt Due

Amt Paid

Registration: Pre-Season				
Registration: Summer				
Fundraising:			Rada Knives	Raffle Tickets
Suit:			Size:	Male / Female
Cap:				
Goggles:			Style:	Color:
T-Shirts:			Size:	Shirt / Tank
			Size:	Shirt / Tank
			Size:	Shirt / Tank
			Size:	Shirt / Tank
			Size:	Shirt / Tank
			Size:	Shirt / Tank
TOTALS:			Cash / Check #	
Balance Due:				