



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME

PREFERRED NAME, DATE OF BIRTH (MO./DAY/YR.), SEX (M/F), AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT

FATHER'S LAST NAME, FATHER'S FIRST NAME, MOTHER'S LAST NAME, MOTHER'S FIRST NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

AREA CODE, TELEPHONE NO.

MAKE CHECK PAYABLE TO:

Lebanon Swim Club

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

- DISABILITY: A. Legally Blind or Visually Impaired, B. Deaf or Hard of Hearing, C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment, D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- RACE AND ETHNICITY (You may make up to two choices if appropriate): Q. Black or African American, R. Asian, S. White, T. Hispanic or Latino, U. American Indian & Alaska Native, V. Some Other Race, W. Native Hawaiian & Other Pacific Islander

REGISTRATION FEE table: USA Swimming Fee \$26.00, IN Fee 5.50, TOTAL DUE \$31.50

YEAR LAST REGISTERED _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ____/____/____.

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

SIGN HERE x _____ SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES.

Parent Contact Information

Table with columns for Mom and Dad, and rows for Name(s), Street, City, St Zip, Home Phone, Cell Phone, E-Mail, Work Name, Street Address, City, St ZIP, Work Phone

To Be Completed by Club Registrar+++++

Follow Up Call _____
Orientation Scheduled _____
Orientation Completed _____

**Lebanon Swim Club
2010 Medical Release**

Name of Swimmer: _____ Date: _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Lebanon Swim Club. If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____ (NAME OF THE SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE THE LEBANON SWIM CLUB AND IT'S COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE LEBANON SWIM CLUB AND IT'S COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Participant Signature (if over the age of 18) _____

Parent/Guardian Signature _____

If parents are not available, please call the person designated below:

Name: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Relationship: _____

Physician's Name: _____ Phone: _____

Hospital Request (if preferred): _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc.....which may be needed in rendering medical treatment: _____

**Lebanon Swim Club
2010 Media Release**

Through out the swim year, there may be instances where pictures and swim times of swimmers may be placed on the Lebanon Swim Club Website or submitted to the media. I hereby give my permission to have my child's name and picture displayed on the Lebanon Swim Club Website and/or be submitted to local media for publication.

PARENT/GUARDIAN SIGNATURE

DATE