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PLEASE PRINT CLEARLY

C S T SWIM SCHOOL  
REGISTRATION

**\* Participant**

Lessons	Pre-Team
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LAST name \_\_\_\_\_

FIRST name \_\_\_\_\_ MIDDLE \_\_\_\_\_ AGE \_\_\_\_\_ M / F \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ E - Mail Address \_\_\_\_\_

**\* Relatives' Names & Place of Employment**

FATHER / GUARDIAN \_\_\_\_\_ WORK ( ) \_\_\_\_\_

\_\_\_\_\_ CEL / Other ( ) \_\_\_\_\_

MOTHER / GUARDIAN \_\_\_\_\_ WORK ( ) \_\_\_\_\_

\_\_\_\_\_ CEL / Other ( ) \_\_\_\_\_

**\* In Case of Emergency, If Relative Cannot be Reached, Contact:**

NAME (last, first & middle) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

**\* Medical Information**

DOCTOR's NAME (last, first) \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Any illnesses or Allergies \_\_\_\_\_

\_\_\_\_\_

Any Medications \_\_\_\_\_

**\* Release of Liability**

By my signature below, I understand and will comply with the registration information and certify that the above information is correct. I also hereby, waive and forever release any and all rights and claims for injuries and/or damages I may have against the Comets Swim Team. I give permission for my child to be photographed in the event of Comets promotions.

NAME (person signing) \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

*\* Please See Reverse for More Information\**