



New Swimmer's Assessment

Please Print Clearly

Date _____

Last Name, First Name _____
Date of Birth _____ Age _____
Parent/Guardian Name _____
Address _____
City _____ State _____ Zip _____
Phone #s Home _____ Cel _____
Email _____

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, for the child named above, waive and forever release any and all rights and claims for injury and/or damages I may have against the Comets Swim Team.

Parent/Guardian's Signature _____

Freestyle _____

Backstroke _____

Breaststroke _____

Butterfly _____

Recommendation (Group) _____

Assessment Fee (Cash or check – payable to Comets Swim Team)

Regular Individual \$10 _____ Family \$15 _____

Private Individual \$20 _____ Family \$25 _____