



## Comets Swim Team Registration

Masters, it's mandatory that you register with FGC Masters Swimming and provide the office with a copy of your registration card.

### Participant

Team Group Masters Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mobile Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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### Spouse/Relative Names & Place of Employment

Spouse/Roomate \_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ Cel Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

### In Case of Emergency, If Spouse Cannot be Reached, Contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
\_\_\_\_\_

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### Medical Information

Name of Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

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### Release of Liability

"I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Master Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. As a condition of my participation in the Masters Swimming program or any activities incident thereto. I hereby waive any and all rights to claims for loss or damages, including all claims for loss or damages caused by the negligence, active or passive, of the following: United States Masters Swimming, Inc., Anderson Aquatics LLC dba Comets Swim Team, the local Masters Swimming Committees, the Clubs, Host Facilities, Meet Sponsors, Meet Committees, or any individuals officiating at the meets or supervising such activities. In addition I agree to abide by and be governed by the rules of USMS and CST."

Signature \_\_\_\_\_ Date \_\_\_\_\_

By my signature below, I agree and will comply to register with FGC Master Swimming and provide proof within 30 days.

Signature \_\_\_\_\_ Date \_\_\_\_\_