



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 Days _____

Last Name _____ First Name _____ Age _____ M/F _____
Street Address _____ City _____
State _____ Zip _____
Home Phone _____
Work Phone _____ Date of Birth _____
Mobile Phone _____ E-mail _____

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 _____

Medical Information

Name of Doctor _____ Phone Number _____
Any illnesses or Allergies _____
Any Medications _____

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 _____