



Comets Swim Team Registration

PLEASE PRINT CLEARLY

Participant
Team Group **Pre Team** _____ Days _____

Last Name _____ First Name _____ Age _____ M/F _____

Street Address _____ City _____

State _____ Zip _____

Home Phone _____
Work Phone _____ Date of Birth _____
Mobile Phone _____
E-mail Address _____

Relatives' Names & Place of Employment

Father/Guardian _____ Work Phone _____
_____ Cel / Other _____

Mother/ Guardian _____ Work Phone _____
_____ Cel / Other _____

In Case of Emergency, If Relative 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

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..

Signature _____ Date _____