

Winter 2024

WALPOLE SWIM TEAM REGISTRATION

Check#

Fees are nonrefundable

<http://www.walpoleswimteam.com>

Amount

		Payment/ Total Fee
<input type="checkbox"/>	\$300 for one/first child	
<input type="checkbox"/>	\$300 for second child	
<input type="checkbox"/>	\$300 for third child	You may fill in the form online. Please print a copy to be mailed with your check.
<input type="checkbox"/>	\$300 for each additional child	
Make checks payable to Walpole Swim Team		

First Name	Last Name	Birthday	M/F	Medical Problems	Allergies	Prescriptions

Last Name Father Mother

Home Address City Zip Code

Home Phone Email

Emergency Contact Emergency Phone

For and in consideration of acceptance of this application for membership on the Walpole Swim Team, the undersigned, their heirs, executors, administrators and assigns, hereby assume all risk of loss, damage or injury to person or property, arising out of or in connection with any and all activities of the Team, and release the Team, its agents, successors and assigns from all claims for such loss, damage, or injury sustained by the undersigned and agrees to indemnify the Team, its agents, successors and assigns from all damages, interest, costs, charges and expenses on account of such a loss, damage, or injury sustained by the undersigned.

MEDICAL RELEASE

(Swimmers must have medical Insurance)

I am aware that my child (children) will be participating in a program of vigorous physical activity. S/he (they) has (have) been examined by a medical doctor within the past year, and was (were) found to be in good physical condition. I am also aware of the financial obligations and responsibilities set forth in this application.

Doctor Phone

Insurance Subscriber

Insurance Company

Insurance Policy #

In the event of injury to the above named minor(s), while away or involved in a swimming meet or related club activity, I hereby give my permission to the coaches and/or chaperons of the WALPOLE SWIM TEAM to obtain and administer medical aid or assistance, including that of a duly licensed medical doctor, as might be required for the immediate care of my child/ward in the event of such an emergency. I further request that in the event that facial sutures be deemed necessary, a plastic surgeon be requested. I waive this request if the situation is life-threatening.

Signature of Parent or Guardian