

# *First in Fitness Swim Club Registration Form*

## REGISTRATION FORM

**Athletes Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent(s)/Guardian(s) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **If, yes please list:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Emergency Contact(s):**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Payment

Fees: Beginner/Intermediate \$225 Member/\$300 Non-Member. Advanced \$275 Member/\$350 Non-Member.

Payable: check, cash, MasterCard, Visa or Discover (3% surcharge on debit/credit card payments).

Please make all checks payable to First in Fitness.

Waiver must be signed for all participants. See attached.

**Additional Fees:** T-Shirt and Swim Cap \$20

Please select t-shirt size:  Small (4-6)  Medium (6-8)  Large (10-12)  X-Large (14-16)  Other \_\_\_\_\_

### Medical Release

**In the event my child is injured during the absence of parent/legal guardian, I give permission for the person in charge to seek medical attention. The participant is in good health and able to participate in the physical activity associated with this program.**

**Parent/Legal Guardian Name (print):** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_