



2017 SCC Swim Team Sign Up

Family Name: _____

Address: _____

Home Phone Number: _____

E-Mail Address: _____

Cell Phone Number: _____

A. Swimmer Information

Swimmer 1:

Name: _____

Age: _____

DOB: _____

Did you graduate from high school in 2017? _____

Are you a lifeguard? _____

If you are a lifeguard do you want a team gift? _____

(\$20 team gift fee due at registration for lifeguard only)

T-Shirt Size (Circle): YS YM YL AS AM AL AXL

Swimmer 2:

Name: _____

Age: _____

DOB: _____

Did you graduate from high school in 2017? _____

Are you a lifeguard? _____

If you are a lifeguard do you want a team gift? _____

(\$20 team gift fee due at registration for lifeguard only)

T-Shirt Size (Circle): YS YM YL AS AM AL AXL

Swimmer 3:

Name: _____

Age: _____

DOB: _____

Did you graduate from high school in 2017? _____

Are you a lifeguard? _____

If you are a lifeguard do you want a team gift? _____

(\$20 team gift fee due at registration for lifeguard only)

T-Shirt Size (Circle): YS YM YL AS AM AL AXL

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Swimmer 4:

Name: _____

Age: _____

DOB: _____

Did you graduate from high school in 2017? _____

Are you a lifeguard? _____

If you are a lifeguard do you want a team gift? _____

(\$20 team gift fee due at registration for lifeguard only)

T-Shirt Size (Circle): YS YM YL AS AM AL AXL

B. Emergency Contact Information

1. Name: _____

2. Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

C. Medical Coverage

Pertinent Medical History: _____

Current Medications: _____

Drug/Food Allergies: _____

Insurance Company Name: _____

Identification Number: _____

Group Number: _____

I (we) and guest do further hereby release, absolve, indemnify, and hold harmless the Springfield Country Club swim team board, its coaches and swimmers, as individuals or as a group from any property damage, personal injury, and or bodily injury which the named family (individual) may suffer and to which the named family (individual) may be entitled and which said claim may arise during or be directly or indirectly related to any or all Springfield Country Club swim team activities.

Parents Signature: X _____

Bring Completed Forms with you to Pre-Registration or Return completed forms and checks (Made out to SCC Swim Team; NO CASH) to:

*Mrs. Kim Huegel
Treasurer, SCCST Parent's Association
54 Locust Ave. Springfield, PA 19064*

ALL Dues must be paid by June 4th, 2017. A \$25.00 late fee will be applied for all dues received on or after June 5th. No swimmer will be permitted to swim until dues have been paid. Dues will not be refunded after two weeks from the start of the first practice.

All dues and fees for membership to the SCC Swim Team must be paid in full before swimmer will be allowed to swim on the team.