

SIGN-UP SHEET - PERMISSION SLIP - EMERGENCY CONTACT INFO SHEET
 Return completed forms to: Ginny Allsopp, 14113 Eternity Rd, Germantown, MD 20874.

SWIMMERS NAME(S) (please print)	Birth date	Age as of 6/01/11	M /F

Father's (first and last name) _____ Phone # (Home, work, cell) _____

Mother's (first and last name) _____ Phone # (Home, work, cell) _____

Address (Street, City, Zip) _____

e-mail address (Please print clearly) _____

Indicate if you object to your name being put on a swim team mailing list. I object ____.

I hereby grant permission for my child/children to be a member of the Manchester Farm Swim Team and to take part in swim meets here and at other neighborhoods in the area. I understand that my child/children will not swim in meets until the registration fees are paid in full. The swimmer is a member of Manchester Farm pool.

I agree that the Manchester Farm Swim Team, Manchester Farm HOA, Coaches, Team Sponsors, Policy Setting Board, and the Swim Team Parent Representatives, individually or collectively, are neither responsible nor liable for injuries or losses incurred in the conduct of swim team activities.

I also understand that children who have not passed the swim test must be supervised by an adult or guardian at all practices and meets.

I understand that if child/children have any health problems that require medical attention (such as bee sting allergy, asthma, etc.), an adult must accompany that child at all times.

SIGNATURE _____

In case of an emergency and you cannot be reached, complete the following:

NAME OF PERSON TO CALL _____ **PHONE NUMBER** _____

RELATIONSHIP TO CHILD, IF ANY _____

Membership Fee \$85.00 /swimmer X _____ swimmer = _____	_____
Concession Fee/family \$30.00	_____
Make check payable to Manchester Farm Swim Team	Total \$ _____

We need parents to volunteer to help run the meets, we ask parents to volunteer at least 6 events per families. Please indicate your preferred positions below.

Timing	Y/N	Stroke & Turn Judge	Y/N	Ribbon Writer	Y/N	Runner	Y/N
Clerk of Course	Y/N	Score Keeper	Y/N	Starter	Y/N	Concession Stand	Y/N
Computer Operator	Y/N	Y/N Referee	Y/N	Announcer	Y/N	Safety Manager	Y/N
Head Timer	Y/N	Set Up	Y/N	Banquet Coord	Y/N	Mini Meet	Y/N
Food Donations	Y/N	Sell Heat Sheets	Y/N	Volunteer Coord	Y/N	Spirit Coordinator	Y/N
Assist Head Timer	Y/N	Awards Coord	Y/N	Adult Mentor	Y/N		

To help us plan swimmer lineups at the meets, please notify the coach as soon as possible, in writing, of any dates of meets or practices you will miss due to vacation or other schedule conflicts. Write any of these dates below.

Emergency Information for Manchester Farm Swim Team Member

Swimmer's Name _____

Date of Birth _____ Sex M F

Home Address _____

Home phone _____

Cell Phone _____

	<u>Male Head of Household</u>	<u>Female Head of Household</u>
Name		
Relationship to swimmer		
Place of work phone		

If Parent cannot be reached, person to be contacted in case of emergency

Name _____ Phone _____

Medical Information

Physician's Name and Phone _____

Hospital preference _____

Allergies

Medication _____

Bee Stings _____

Other _____

Does the Swimmer have a health condition requiring possible emergency care?

Yes No

If yes, specify. _____

Does the Swimmer have any health concerns that would need to be identified in an emergency? _____

I Authorize the Swim Team Coaches or Officers to administer first aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent (guardian) can be contacted. (Rescue Squad in Emergency situations)

Signature of Parent (Guardian) _____