

# Splash Aquatics

## Registration Form

Family Name \_\_\_\_\_

Email Address \_\_\_\_\_

Swimmers:

	Last Name	First	Sex	Birth Date
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parents Names (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Work Phones (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

### Emergency Information

Are there any health problems the coaches should be aware of? (Asthma, diabetes, etc...) \_\_\_\_\_

Is your child taking any medication the coaches should know of? \_\_\_\_\_

### **In Case of Emergency notify** ( if parents can't be reached )

1st ) Name \_\_\_\_\_ Phone \_\_\_\_\_

2nd ) Name \_\_\_\_\_ Phone \_\_\_\_\_

### Release

In Consideration of accepting this registration, I hereby agree to indemnify and hold harmless Splash Aquatics, Newport Mesa School District, The City of Costa Mesa, and any officers, agents and employees from any liability claim, or action for damages resulting from or in any way arising out of the participation in the program by the persons registered.

Signature ( Parent 1 ) \_\_\_\_\_ Date \_\_\_\_\_

Signature ( Parent 2 ) \_\_\_\_\_ Date \_\_\_\_\_