

Oakleaf Orcas Swim Team (Year-Round) Registration Form (AGES 5-18)

Registration for year round swim is month-to-month. Only one Registration form is required per year. Forms **MUST** be returned to Phase 1 gym with payment at least **5 working days before the start of first swimming month.**

Each subsequent payment is paid at least 5 working days before the start of the month.



(Please complete a separate Registration Form for **EACH** participating child)

All fields must be completed.

Athlete Information:

Date Submitted: _____

Last: _____ First: _____

Preferred Name: _____ Date of Birth: _____ Age: _____ Gender (M / F)

Swimmer's first & last names to be listed on participant awards: _____

Contact Information: please print legibly for contact/emergency

Father's Name: _____ Father's phone #: _____

Mother's Name: _____ Mother's phone #: _____

Mailing Address: _____ Zip: _____

Home Phone # _____ Preferred Email Address: _____

(email will be used for important team communication)

Please:

1. Sign "Acknowledgement of Risks" & "Medical Treatment Consent" statements below.
2. Understand that by signing up for Oakleaf Orcas Swim Team you agree to follow the expectations and guidelines for swimmers and parents as explained on oakleafswimteam.org
3. Understand Year-Round swim is a monthly swim program. Schedule updates will be posted on the website and via email and social media.

Fees

\$ _____ **Monthly Team Fee** = (\$100/first child, \$90/2nd child, \$80/3rd +child)

Payment: Check or Money Order Payable to: Middle Village CDD

Check # _____ Money Order or certified check # _____ Date: ___/___/___

(No Cash Accepted)

CREDIT CARDS: Please take it to either fitness center to pay.

Payments are due no later than 5 working days prior to the start of the swim month.

ACKNOWLEDGEMENT OF RISKS AND HAZARDS:

"I understand that participation in activities such as **competitive swimming** may involve the RISKS of SERIOUS INJURY OR DEATH. I also understand that by permitting my child or ward to participate on the Oakleaf Plantation Orcas Swim Team, he or she is subject to the above risks, and that I am fully responsible for any costs incurred as a result of illness and/or injury from such participation."

Initial: _____

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Parent/Guardian Medical Treatment Consent:

To: Whatever Medical Authority or Responsible Party It May Concern

“In the event that you are unable, after reasonable effort, to obtain parental consent, then please perform any and all medical treatment requested or needed by my child or children named above. Such treatment should result from the exercise of your best professional judgment under the circumstances.

I hereby consent in advance to such treatment and agree to hold the Community Development Districts, and their staff harmless for any action or claim based upon lack of parental consent that may arise in connection with such treatment. I also authorize such staff to select a medical doctor and/or hospital for the purpose of diagnosis and/or treatment of the above-named minor(s). I have listed below all known precautions (such as diabetes, asthma, heart condition, allergies, etc.) as well as any other relevant medical information for my child or children.”

Initial: _____

Precautions: _____

Shots up to date: Yes or NO (check one)

Chronic Illnesses _____

Parent's Signature: _____ Date: _____