

Last Name: _____

Harleysville Swimming & Diving Team – Summer 2017 Registration Form

Member of Harleysville Community Center Pool: Yes No (Please Circle)

Pool Member Name or Membership Number: _____

Member #1 _____ M/F

First Name Middle Initial Birth Date age on 6/15

High School Swimmer*: Yes No (please circle)

Medical Restrictions: _____

Interested in: **Swimming Diving Both (please circle)**

Member #2 _____ M/F

First Name Middle Initial Birth Date age on 6/15

High School Swimmer*: Yes No (please circle)

Medical Restrictions: _____

Interested in: **Swimming Diving Both (please circle)**

Member #3 _____ M/F

First Name Middle Initial Birth Date age on 6/15

Medical Restrictions: _____

Interested in: **Swimming Diving Both (please circle)**

(* High School swimmer : Swimmer Entering 9-12th Grade or new Graduate *)

Primary Contact:

Father: Last _____ First _____

Mother: Last _____ First _____

Address: _____

Street City State Zip

Father Phone #: (____) _____ (____) _____ (____) _____

Home with Area Code Work with Area Code Cell with Area Code

Mother Phone #: (____) _____ (____) _____ (____) _____

Home with Area Code Work with Area Code Cell with Area Code

Email Address: _____

Indicate preferred contact by:

Medical Information (This must be filled out in order to register)

Health Insurance: _____

Health Insurance Policy #: _____

Parent Signature Date

Rev. 03/15 ▶ ▶ ▶ Sign Waiver on back ▶ ▶ ▶ Waiver: I, the parent/guardian of the registrant, a minor or adult registrant

Waiver: I, the parent/guardian of the registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of the Bux-Mont League, the the Harleysville Swim Team and the Harleysville Community Center and its' affiliated organizations and sponsors. Recognizing the possibility of physical injury, illness or loss of property associated with swimming and diving, and in consideration for the Bux-Mont League and the Harleysville Swim Team accepting the registrant for its swim program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Harleysville Swim Team its affiliated organizations and sponsors, their employed coaches and Harleysville Swim Team Board members and associated personnel, including the owners of the pools and facilities utilized for the Programs, against any claim by or behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to and from the same, which transportation I hereby authorize.

I have read and agree to the above waiver:

Signature _____ Date _____

Photo Release

Harleysville Swim & Dive Team
Harleysville Community Center, Park Ave.
Harleysville, PA 19438

I grant to Harleysville Swim & Dive Team, the right to take photographs of me and my family in connection during the 2017 summer swim & dive season. I authorize Harleysville Swim & Dive Team to use and publish the same in print and/or electronically.

I agree that Harleysville Swim & Dive Team may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____ Date _____

Signature, parent or guardian _____
(if under age 18)

I **DO NOT** grant permission to have my child's photo used for public display _____
(please check if applicable)