

2020 CHAPPAQUA SWIM & TENNIS ASSOCIATION
SWIM & DIVE TEAM REGISTRATION

(Please fill out ***one form*** for each family. Be sure to print **neatly.**)

Swimmer/ Diver Name	Gender (M/F)	Age (as of July 1st)	Birth Date	Swim, Dive or Both

Parent/Guardian Name(s): _____

Address: _____

Phone number (home): _____

Work and/or Cell #: _____

E-mail Address(es): (Please include all email addresses, both swimmer and parent, that you would like used for correspondence from the coaches.)

(Please turn over.)

Swim & Dive Team Fee is \$75.00 for each swimmer/diver. The team fee is waived for graduating seniors and/or those swimmers and divers in their final year of eligibility with the team.

Total paid in cash: _____ Total paid by check: _____

Please list any specific health problems, physical limitations, or allergies that may affect or interfere with the ability of any of the listed athletes to participate in the full program.

Please list the names/numbers of people other than parents to contact in the event of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Release Form:

I, _____, understand that in all/any physical activity, an element of risk is involved. I give my child/children, _____, permission to participate in the Chappaqua Swim & Tennis Association ("CS&T") Swim & Dive Team Program. I release CS&T, their employees and agents, from any and all liability for injury and loss which may occur during my child's/children's participation in the CS&T Swim & Dive Team Program. In

case of emergency, I give permission to the CS&T Staff to take, or have my child transported to a hospital for treatment, including evaluation of injuries, x-rays, and needed care.

Signature: _____ Date: _____