

Louisburg Barracudas Swim Team  
PO Box 852, Louisburg, KS 66053  
913-406-1264

Fees: \$100.00 fee for one swimmer – \$5.00 less for each subsequent swimmer in the family.  
1<sup>st</sup> swimmer \$100, 2<sup>nd</sup> swimmer \$95, 3<sup>rd</sup> swimmer \$90

8 & Under Swimmers – \$120 – small group instruction for these swimmers

Checks payable to Louisburg Swim Team.  
*Financial assistance available upon request. Please see a board member for assistance.*

**FORM AND FEES DUE MAY 1<sup>st</sup> – NO LATE SIGN UPS!**

Swimmer Information:      Number of swimmers in this family \_\_\_\_.

Name(first)\_\_\_\_\_ (middle)\_\_\_\_\_ (last)\_\_\_\_\_  
Birth date\_\_\_\_\_ Age on May 31<sup>st</sup> \_\_\_\_\_ Sex M F

Name(first)\_\_\_\_\_ (middle)\_\_\_\_\_ (last)\_\_\_\_\_  
Birth date\_\_\_\_\_ Age on May 31<sup>st</sup> \_\_\_\_\_ Sex M F

Name(first)\_\_\_\_\_ (middle)\_\_\_\_\_ (last)\_\_\_\_\_  
Birth date\_\_\_\_\_ Age on May 31<sup>st</sup> \_\_\_\_\_ Sex M F

Parent Information: Please fill out completely and star the preferred contact number during practices.

Parent/Guardian\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

E-MAIL\_\_\_\_\_

Cell#\_\_\_\_\_ Home#\_\_\_\_\_ Work#\_\_\_\_\_

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In Case of Emergency, please add one contact other than parent:

\_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Medical Information: (To be kept on file at the Aquatic Center)

Physician \_\_\_\_\_ Phone# \_\_\_\_\_ Hospital Pref. \_\_\_\_\_

Is there any medical history for your child? \_\_\_\_\_

Are there any food or medication allergies that your child has? \_\_\_\_\_

Will your child be taking medication during the swimming season? \_\_\_\_\_

Medication for? \_\_\_\_\_

Date of last physical? \_\_\_\_\_

Jobs at Meets: Every family is required to assist at the meets. Parent Volunteers are necessary to have a successful swim team. Most jobs are easy and a lot of fun. Job descriptions will be given at the parent meeting – May 31. Volunteer jobs will be assigned based on your preferences. If your child is swimming, one parent from that family will be assigned a job. If you cannot do that job, you must find a substitute or your swimmer may not swim at that meet.

As parent/legal guardian I give permission for the swimmer or swimmers listed on this registration form to be a member of the 2016 Louisburg Swim Team. In case of an emergency we give permission to the Louisburg Aquatic Center Staff, Barracuda Swim Coach or any other person to seek medical care/assistance for our child. I further understand that the Swim Team coach or staff is not responsible for my child before or after scheduled practice hours.

There will not be lifeguards on duty during practice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use only:

Suit Purchased: Yes No Size \_\_\_\_\_

Amount paid \_\_\_\_\_ Check # \_\_\_\_\_

Accepted by \_\_\_\_\_ Date \_\_\_\_\_