

# Laurel Run Swim Team Application

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Swimmer's Name: \_\_\_\_\_ M/F \_\_\_\_\_ Age as of Aug 1<sup>st</sup>: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Is this your 1<sup>st</sup> year in the program? Y N

T-Shirt size: Youth: S M L

Parent's/Guardian's Name: \_\_\_\_\_ Adult: S M L XL

\_\_\_\_\_ Cell Phone No: \_\_\_\_\_

\_\_\_\_\_ Home Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

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Does the Swimmer have any Allergies or Health issues: No: \_\_\_\_\_ Yes: \_\_\_\_\_

Please identify: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (Other than parents):

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Physician: \_\_\_\_\_ Hospital Preferred: \_\_\_\_\_

Medical Insurance: Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

(Print Parent or Guardian's name) \_\_\_\_\_ gives permission to have the above named swimmer treated in the event of a Medical emergency and state that I am legally authorized to do so.

\_\_\_\_\_ (Parent's signature)

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## ***RELEASE OF LIABILITY***

I individually and on behalf of the above named minor child recognize that there are certain inherent risks associated with swimming and participating on a swim team. I assume full responsibility for personal injury to such child. I further release and discharge Laurel Run Swimming Association and its Board of Directors for any and all injuries, loss or damage arising out of the minor child's use of or presence upon the facilities and property of Laurel Run Swimming Association and the child's participation as a member of the swim team whether caused by Laurel Run Swimming Association or other third parties. **I HAVE READ THIS DOCUMENT AFTER HAVING HAD THE OPPORTUNITY TO CONSULT WITH LEGAL COUNSEL OF MY CHOICE AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS. I AM LEGALLY AUTHORIZED TO SIGN THIS RELEASE ON BEHALF OF THE ABOVE NAMED CHILD.**

Parent/Guardian's Signature: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

**Swim Team Fee: \$70 for first child. \$65 for each additional child. High School swimmer registered in summer program \$12 (must still be active member of LRSA)**

**Make check payable to: Laurel Run Swim Team**

Team Fees: \_\_\_\_\_ Check No: \_\_\_\_\_

4 FlapJack Tickets: \$28.00 per family

Total: \_\_\_\_\_

\*\$12.00 of your fee is paid to the Berks County Swimming Association for membership fees.