

Goodman Sharks/McFarland Spartan Sharks

2008 Summer Swimmer Registration

Child's Name: _____ DOB: _____ Grade: _____ Fee: \$150.00
(Please list all: last, first, and middle initial)

Child's Name: _____ DOB: _____ Grade: _____ Fee: \$150.00
(For 2nd child)

Child's Name: _____ DOB: _____ Grade: _____ Fee: \$150.00
(For 3rd child)

TOTAL FEE: _____

Address: _____ City: _____

Home Phone Number: _____

Parents'/Guardians' Names: _____

Address: _____

Work Phone: _____ Alternate Phone Number: _____
(Cell)

E-mail address: _____
(A great way to keep current with important **Shark News** and **Swim meet information**)

Emergency Contact: _____ Phone # _____
(Other than parent: name & relationship)

Insurance Carrier: _____ Policy #: _____

Physician: _____ Clinic: _____ Phone #: _____

Hospital Choice: _____ Allergies: _____

Other Health Concerns: _____

EMERGENCY TREATMENT WAIVER:

I authorize emergency treatment to be provided to my child in the event that I cannot be contacted.

____ Yes. ____ No. (Please check one and sign below)

PHOTOGRAPH WAIVER:

Goodman/Spartan Sharks may publish photographs of my child in local newspapers and/or on the Spartan Sharks web site.

____ Yes. ____ No. (Please check one and sign below)

PERMISSION SLIP:

My Child has my permission to participate in team events, field trips and parent volunteer activities with the Goodman/McFarland Sharks Swim Team. MSS is not responsible for any injuries, our insurance though USA Swimming does not cover these

trips/activities: ____ Yes. ____ No. (Please check one and sign below)

Parent/Guardian Signature: _____ Date: _____

Make checks payable to: McFarland Spartan Sharks

Mail to: Goodman Pool 325 Olin Ave. Madison, WI 53713