

Franklin Knolls Swimming Pool Association, Inc.

2011 Swim Team Registration

Franklin Knolls "Gators" Swim Team

SWIMMERS SHALL NOT BE PERMITTED TO PARTICIPATE UNLESS THIS FORM HAS BEEN PROPERLY COMPLETED AND RETURNED TO THE SWIM TEAM REPRESENTATIVE.

PARTICIPANT MEDICAL EMERGENCY FORM

Member ID _____

Participant's Name _____ Date of Birth _____

Parent #1 _____ Parent #2 _____

Parent #1 Work Phone _____ Parent #2 Work Phone _____

Parent #1 Cell Phone _____ Parent #2 Cell Phone _____

Address _____

_____ Zip Code _____ Home Phone _____

Current medical issues: _____

Name of Child's physician _____ Phone _____

Due to the strenuous nature of swim team activities, the participant is urged to consult a physician concerning fitness to participate.

PARENT CONSENT / RELEASE AND WAIVER OF LIABILITY & EMERGENCY MEDICAL & DENTAL TREATMENT AUTHORIZATION.

I hereby approve my child's participation on the Franklin Knoll's Swim Team (FKST). To the best of my knowledge, the participant is medically fit to fully participate. As the parent / legal guardian of the swimmer listed above, I grant permission for the swimmer to participate in all FKST activities. I agree and understand that swimming is a hazardous activity with many inherent risks. I, on behalf of myself and the swimmer, assume all risks and hazards incidental to the swimmer's participation in the FKST activities, including but not limited to those risks arising from the transportation to and from such activities, and also do hereby release and waive all claims against the FKST, Franklin Knolls Swimming Pool Association, and their respective coaches, team representatives, officers, volunteers, employees, agents, and fellow swim team participants, from any and all liability or injury resulting from the swimmer's participation in the FKST program and activities. I, on behalf of myself and the swimmer, also agree to hold harmless and indemnify the entities, clubs, and persons named in this paragraph from any and all damages incurred arising from any claims related to our participation in the FKST activities.

In addition, I further grant permission for the swimmer to receive any and all emergency medical and / or dental attention and treatment deemed necessary in the event of an accident, injury, sickness, etc., at the request of the FKST representative presenting this Emergency Medical Treatment Form, or a copy or likeness of this form, until such time as I may be contacted. I hereby assume responsibility for payment of such medical and / or dental attention and treatment.

I have read carefully and understand the significance of the foregoing and acknowledge on behalf of myself and the swimmer my consent to and full agreement with the terms of the Release and Waiver as well as the Emergency Medical & Dental Treatment Authorization, by signing below:

Parent/Guardian Signature

Date

THIS FORM – ONE PER SWIMMER

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FAMILY REGISTRATION FORM (All swimmers must be a member of the pool.)

Swimmer's Name:	Age on 6/1/2011	Date of Birth	Mini- Gator (Y/N)

Home Phone _____ Parent Cell Phone _____

Parent/Guardian _____ Parent/Guardian _____

Address _____ Email _____

Pool Membership number: _____

PARENTS PLEASE VOLUNTEER! Since swim team is such a volunteer-intensive sport, that requires parent support, everyone gets a chance to help out! We encourage all new Gator parents to contribute along the way by timing, helping organize events, donating food, etc. We hope that all returning families will continue to take on a regular job. The volunteer coordinator will be contacting you to discuss a task for the 2010 season. If you've already discussed something, please write in the job below:

PLEASE HELP THE COACHES with meet lineups by informing them of any expected absences your child will have in June and July. My child will be on vacation or otherwise **unavailable to swim the following dates:**

Kindly update this information during the season in the **Gators' Vacation Log** at the pool. Also, please help the **Banquet Committee** by checking off one of the following to indicate your **tentative** plans: Our Family Does _____ Does Not _____ expect to attend the Swim Team Banquet at end of July 2010.

Note: One registration form should be turned in for each **family**. A Medical Emergency Form **must** be turned in for **each swimmer**. Registration form and Medical Emergency form(s) must be filled out completely and returned with **\$80** per swimmer, **\$40** per Mini-Gator, maximum **\$185** per family.

Send all registration forms, with **checks payable to Franklin Knolls Swim Team**.

These forms must be submitted to the team registrar prior to participation at Time Trials June 11th.

Mail or Drop off to: Team Registrar, Kristeen Rosenbusch, 218 Baden St., Silver Spring, MD 20901 prior to June 10th

Do not give checks and registration forms to the Coaches or Lifeguards.

2011 Team Reps: John Karanian (A); Brenda Gaskill (Assistant A Rep); Paul Murphy (B)