

**SPiRiT SWiMMiNG**  
Not Affiliated with George School  
FALL/WINTER 2009 – 2010 REGISTRATION FORM

Swimmers Name \_\_\_\_\_ Swimmers D.O.B. \_\_\_\_\_  
First M.I. Last

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical/Physical/Limitations (explain) \_\_\_\_\_  
\_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

**Responsibilities:**

1. Participation in United States Swimming as a SPiRiT SWiMMiNG member
2. Payment of fees when due/session, meet entry, and late charges when assessed
3. Proper conduct at all times
4. Purchase and competition use of team suit and cap
5. Punctuality
6. Notification in writing of desire for release

In joining SPiRiT SWiMMiNG, we the undersigned acknowledge, understand and agree to the responsibilities outlined above. We assume all risks and hazards incidental to the conduct of the activities and transportation to and from it. We do hereby release, absolve, indemnify and hold harmless SPiRiT SWiMMiNG, its coaches and assistants whether paid or voluntary, the GEORGE SCHOOL INC., the officers, administrators, supervisors, or any of their appointees. We likewise waive, to the extent not covered by liability or accident insurance any claim against any person transporting the named swimmer to and/or from activities. We hereby authorize the staff and/or team representatives to seek emergency medical and/or surgical attention, as they may deem necessary in order to assure well being.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS FORM MUST BE SIGNED BY THE PARENT/GUARDIAN OR THE SWIMMER WILL NOT BE ABLE TO SWIM.

**All items must be filled out – particularly name (including middle initial), DOB, address, home and cell phone numbers.**