



2009 REGISTRATION AND INSURANCE RELEASE FORM

2009 Tentative Season: June - July 21, 2009

Practices: Monday- Friday 6:30 a.m. - 9:45 a.m.
Practice times to be determined by
our Coaching Staff.

Meets: Six NCISC dual meets scheduled
on Tuesdays and Thursdays;
all additional meets/dates TBA.

Fees: \$135 per swimmer (\$50 non-refundable registration fee is included). Fee includes team participation, coaching, insurance, t-shirt, swim cap, and attendance award presented at our picnic. No refunds after June 1st.

PLEASE MAIL THIS COMPLETED FORM TO ANTIOCH SWIM TEAM, INC., P .O. BOX 402, ANTIOCH, IL 60002. The form may also be filled out at open registration on Saturday, May 2, 2009 from 11:00 p.m. - 3:00 p.m. at the ANTIOCH SENIOR CENTER located across from the Parks Dept. and next to the Fire Station (817 Holbeck Drive). The mandatory parent's informational meeting is scheduled on Sunday, May 31, at 7:00 p.m. at the Senior Center.

Please fill out names and phone numbers below as you would like to be listed on the team roster. An e-mail address is being requested to communicate important information during the 2009 swim season. Please use at least one e-mail address which is checked regularly.

PARENT NAMES:	HOME PHONE:	ALTERNATE PHONE (work/cell):
1.	1.	1.
2.	2.	2.
	E-MAIL ADDRESS:	
	1.	2.
SWIMMER'S ADDRESS:	CITY:	STATE & ZIP CODE:
EMERGENCY CONTACT:	HOME PHONE:	ALTERNATE PHONE (work/cell):
AUTHORIZED SIGNATURE:	TODAY'S DATE:	
SWIMMER'S NAMES:	GENDER BIRTHDATE	FOR AWARD PURPOSES: 1st YEAR WAVES? WHAT YEAR?
1.	M F	Yes No
2.	M F	Yes No
3.	M F	Yes No
4.	M F	Yes No
HEALTH INSURANCE CARRIER:	PHYSICIAN:	PHONE:

Participant specifically assumes all risks of injury arising out of his\her presence on or about the premises, or his\her use or intended use of equipment or facilities, or his\her participation in the activities of the ANTIOCH SWIM TEAM, INC., on or about the premises or at another location and does hereby for himself\herself, his or her heirs, executors and administrators, waive, release and agree to hold free from all claims or damages, the Antioch Swim Team, Inc., and the Village of Antioch, their respective officers, directors, board of managers, trustees, members, employees, or agents.

IN THE EVENT OF ACCIDENT, INJURY, OR SUDDEN ILLNESS I HERE BY AUTHORIZE NEEDED MEDICAL TREATMENT BY A PHYSICIAN AND/OR HOSPITAL.

SIGNATURE of Adult Participant _____ DATE _____
(18 years or older) or Parent Guardian

BELOW LIST ANY CURRENT INJURIES OR MINOR PHYSICAL LIMITATIONS (BONE OR SOFT TISSUE INJURIES, ALLERGIES, BREATHING DIFFICULTIES, ETC.) OR ANY MEDICAL CONDITIONS THAT THE COACHES SHOULD BE MADE AWARE OF.

OFFICE USE:

PAID: CASH _____ CHECK # _____ AMOUNT PAID _____ DATE PAID _____