



PLUMAS SWIM TEAM

P.O. Box 407
Quincy, CA 95971

MOTHER'S NAME: _____
Last First

FATHER'S NAME: _____
Last First

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE _____ 2ND PHONE _____ E-MAIL _____

SWIMMER #1: _____
Last First MI

SWIMMER #2: _____
Last First MI

SWIMMER #3: _____
Last First MI

COST FOR REGISTRATION

- Individual: \$172
- Family (3 or more swimmers): \$420
- Late Fee after June 1: \$ 10 per swimmer

A breakdown of these fees are as follows:

USA Swimming	\$ 29
Sierra Nevada Swimming (LSC)	\$ 16
online registration	\$ 3
NVAL	\$ 2
Recreation Department	\$ 50
To the team	\$ 72
(Coaches, swim meet fees, equipment, etc)	

*** There is a discount for those who have the paperwork qualifying them for reduced or free school lunches.
Talk to a board member.

FOR SWIM BOARD USE ONLY

Total Payment Due:

Form of Payment:

Date Paid:

Amount Paid:

Accepted by:

CHECKS TO BE MADE OUT TO "PLUMAS SWIM TEAM"

PLUMAS SWIM TEAM

Swimmer #1 Name _____ Date of Birth _____
 Last First Initial

Swimmer #2 Name _____ Date of Birth _____

Last First Initial

Swimmer #3 Name _____ Date of Birth _____
 Last First Initial

Father's Name _____ Contact info _____

Mother's Name _____ Contact info _____

Please indicate action desired in the event of an emergency:

____ 1) In the event of an accident or other emergency, when a parent is unavailable, I hereby authorize a representative of Plumas Swim Team to make such arrangements as he/she considers necessary for my child to receive medical or hospital care including necessary transportation. Under such circumstances, I further authorize the physician below to undertake such care and treatment for my child as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

OR

____ 2) In the absence of a parent, call neighbor/friend/relative:

Name/Relationship_____

Home Phone _____ Work Phone _____ Cell Phone _____

OR

____ 3) I do not choose the above statement and desire the following action:_____

Physician's Name: _____ Phone _____

Address _____

Insurance Information:

Carrier	Policy Number
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The undersigned hereby agrees to bear all costs incurred as a result of the foregoing desired action.

Parent/Legal Guardian signature
Date

PLUMAS SWIM TEAM

MEDICAL HISTORY

Swimmer Name _____
Last First Initial

_____ Please check if there are no known health problems.

***Please check if there is a history of any of the following and explain:

____ Frequent Colds	____ Frequent Sore Throat	____ Sinusitis	____ Convulsions
____ Bronchitis	____ Abscessed Ears	____ Asthma	____ Hyperactivity
____ Stomach Upsets	____ Fainting Spells	____ Diabetes	____ Epilepsy
____ Heart irregularities	____ Breathing irregularities		

Penicillin or other drug allergies or reactions: _____

Current Medications: _____

Other Known Diseases or conditions we should know about: _____

Allergies: _____

Additional comments/information: _____

*****PLEASE NOTE: IF YOUR SWIMMER HAS A HISTORY OF ANY MEDICAL PROBLEM WE WILL NEED A LETTER FROM HIS OR HER PHYSICIAN DETAILING THE EXACT MEDICAL AILMENT, ANY MEDICATION THAT HE/SHE MAY NEED, AND ANY SPECIAL CARE THAT HE/SHE MAY NEED PRIOR TO FIRST DAY OF PRACTICE.**

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

FOR SWIMMERS: _____
LAST Name FIRST Name/s

I, _____, the parent/guardian of the participant agree and understand that swimming is a HIGH RISK ACTIVITY. I/We recognize that there are risks inherent in the sport of swimming, which could result in (but not be limited to) paralyzing injuries and death.

The participant hereby agrees to participate in the Plumas Swim Team program and hereby agrees to indemnify and hold harmless Plumas Swim Team its coaches, officers, directors, agents, volunteers and employees against any liability resulting from an injury that may occur to the participant while participating in the Plumas Swim Team program. The participant also agrees to indemnify the Plumas Swim Team from any liabilities, demands, claims, or law suits arising from the actions or inactions of the participant.

The participant and the parent/guardian of the participant as required authorize any representative of the Plumas Swim Team to have the participant treated in any medical emergency during their participation in the Plumas Swim Team program. Further, the participant and the parent/guardian agree to pay all costs associated with medical care and transportation of the participant.

I have noted any medical/health problems on the Medical History form of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

SIGNED: _____ DATE: _____
(Participant if 18 years of age)

SIGNED: _____ DATE: _____
(Parent/Guardian; required for minor participants)

Parents Permission to Use Pictures Online

Plumas Swim Team would like to add pictures to our website, www.plumasswimteam.weebly.com
If you want to allow the team to use pictures of your child/children, please fill out the form below.

_____ Yes, I give Plumas Swim Team permission to use pictures of my child on their website

_____ No, I do not give Plumas Swim Team permission to use pictures of my child on their website

SIGNED: _____ for _____
(Parent/Guardian signature) (swimmer's name/s)

**USA SWIMMING****2013 SEASONAL ATHLETE REGISTRATION APPLICATION****LSC: Sierra Nevada Swimming**

CHECK APPROPRIATE SEASONAL PERIOD:

☐ SEASON 1 ☒ **SEASON 2** ☐ INDIVIDUAL SEASON**THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.**

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME

PREFERRED NAME	DATE OF BIRTH (MM/DD/YYYY)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT

(Bill, Beth, Scooter, Liz, Bobby)

FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS

DISABILITY:

- ☐ A. Legally Blind or Visually Impaired
☐ B. Deaf or Hard of Hearing
☐ C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
☐ D. Cognitive Disability such as severe learning disorder, autism

RACE AND ETHNICITY (You may check up to two choices):

- ☐ Q. Black or African American
☐ R. Asian
☐ S. White
☐ T. Hispanic or Latino
☐ U. American Indian & Alaska Native
☐ V. Some Other Race
☐ W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:**Sierra Nevada Swimming****MAIL APPLICATION & PAYMENT TO:**

Mark Brown
6721 5th Street
Rio Linda, CA 95673
Mark.Brown.15@gmail.com
(916) 201-1254

U.S. CITIZEN: ☐ YES ☐ NOARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ☐ YES ☐ NO

IF YES, WHICH FEDERATION: _____

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? ☐ YES ☐ NO

2013 REGISTRATION FEE	
April 4, 2013 through Aug. 31, 2013	
USA Swimming Fee	\$29.00
LSC Fee	\$16.00
TOTAL DUE	\$45.00

USA Swimming occasionally makes its membership kit available to its marketing partners. If you do not wish to receive these mailings, please notify USA Swimming's Member Services Dept. at memberships@usaswimming.org.

- ☐ Check if you would like to learn more about the USA Swimming Foundation's initiatives
☐ Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

HIGH SCHOOL STUDENTS - Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2012, ENTER THAT

CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____

SIGN

HERE x _____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

DATE

REG. DATE/LSC USE ONLY _____