



Weiser Dolphin Swim Team

Name: _____

DOB: _____ Age: _____ Grade: _____ Gender: Male or Female

Parents: _____

Address: _____

Home Phone #: _____ Cell #: _____

Emergency Contact: _____ Emergency #: _____

E-mail: _____

Did you participate in Swim Team last season? **YES or NO**

***Pre-existing medical conditions (ex. Allergies or Chronic illness) Please list all: _____

I hereby give permission for my child to participate in Weiser Memorial Pool Swim Team during the athletic season. Further, I authorize the staff of Weiser Memorial Pool/Weiser Recreation Dept./ City of Weiser employees to provide emergency treatment of any injury or illness for my child if I cannot be reached. I understand that participating in Swim Team may be a potentially hazardous activity (ex. falls/slipping/diving). I assume all risks associated with my child participating on the Swim Team.

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Date Paid: _____ Cash or Check #: _____ Received by: _____