

CVA Registration Form

Swimmer's last name _____ First _____ Initial _____ Date of Birth _____ New Age _____

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Home Phone Number _____ Emergency-Cell # _____ Email address _____

Address _____ City _____ State _____ Zip Code _____

Returning Family New Family How did you hear about us? _____

Parent/Guardian Mother: _____ Father: _____

Employer: Mother: _____ Father: _____

Work Phone: Mother: _____ Father: _____

Fees	
Total number of swimmers registering	_____
First Swimmer 125.00	_____
Additional Swimmer 100.00	_____
Additional Swimmer 100.00	_____
Additional Swimmer 100.00	_____
Total Fees Due	\$ _____

For Office Use Only	
Fees Paid	_____
	Date Initial
Parent Contract	_____
	Date Initial
Medical Form	_____
	Date Initial
Handbook Given	_____
	Date Initial

Medical and Insurance Information

Swimmer's last name _____ First _____ Initial _____ Date of Birth _____

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Father's Name _____ Mother's name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Father's Work Phone _____ Mother's Work Phone _____

Emergency Contact _____ Phone # _____

Family Doctor _____ Phone # _____

Insurance Company _____

Insurance Company Address _____

Name of Insured _____

Policy # _____ ID # (or SSN) _____

I/WE, the parents of the above named child (ren), who is a member of Turlock Marlins/Central Valley Aquatics, hereby give MY/OUR approval to his or her participation in any or all the activities of the Club. I/WE assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further release, absolve, indemnify, and hold harmless Turlock Marlins/Central Valley Aquatics, the organizers, sponsors, and the supervisors, any or all of them. In case of injury to MY/OUR child, I/WE likewise release from responsibility any person transporting MY/OUR child to or from activities.

SIGNATURE OF PARENT OR GUARDIAN: _____

CONSENT FOR MEDICAL TREATMENT – MINOR

I hereby give my consent for all medical care prescribed by a duly licensed Doctor or Medicine for (Child(ren) Name(s)) _____ as his/her parent or legal guardian.

This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Date: _____ Signed: _____

Address: _____

Phone: _____ City _____ State _____ Zip Code _____

List any medical problems or allergies:
