

PALMYRA AQUATIC CLUB

Swimmer Registration

Summer 2008 Season

Swimmer Information:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
		Male/Female
<i>Date of Birth</i>	<i>Age as of June 1, 2008</i>	<i>Circle One</i>

Swimmer's Email Address (if possible)

Parent/Guardian Information:

Father/Guardian	Mother/Guardian
<i>Name</i>	<i>Name</i>
<i>Address</i>	<i>Address</i>
<i>City/State/Zip</i>	<i>City/State/Zip</i>
<i>Home Phone</i>	<i>Home Phone</i>
<i>Work Phone</i>	<i>Work Phone</i>
<i>Cell Phone</i>	<i>Cell Phone</i>
<i>Email Address</i>	<i>Email Address</i>

- Check here if you do not have email access and will need a hard copy of announcements.

Emergency Contact

<i>Name</i>	<i>Phone Number</i>
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I hereby assume all responsibility for accidental injuries in connection with the program. I realize that I must use my personal insurance coverage or otherwise be responsible for any expenses resulting from such injury. I will not hold PAC, Inc. liable for any injury, which may occur while my swimmer participates on the swim team.

Date ___/___/___ Parent or Guardian's Signature _____

Medical Release Form Summer 2008

Name of Swimmer: _____

Date: _____

PARENTAL CONSENT

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Palmyra Aquatic Club. If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____
(*NAME OF THE SWIMMER*) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE THE PALMYRA AQUATIC CLUB AND IT'S COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE PALMYRA AQUATIC CLUB AND IT'S COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD

Participant Signature (if over the age of 18)

Parent/Guardian Signature:

Medical Information:

Doctor's Name

Doctor's Phone Number

Medical Conditions

Medications

Parent/Guardian Insurance Information:

Company Name

Policy No.:

Participant ID No.

PALMYRA AQUATIC CLUB
Swimmer/Family Fee Summary
Summer 2008 Season

Swimmer Information:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
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*******Registration form is due by April 1st . A non-refundable deposit of \$50 is due at the time of registration for all returning swimmers. One-half of the remaining balance is due by May 7th with the other half due no later than June 5th. *******

Practice Levels

Sand	__ Swimmers @ \$200= _____
Tiger	__ Swimmers @ \$240= _____
Mako – Level II	__ Swimmers @ \$285= _____
Mako – Level I	__ Swimmers @ \$320= _____

NOTE: These are longer more intense practices and a swimmer must be physically capable of practicing at this level. A list of eligible swimmers can be found on the web site in the Shark Forum.

High School Swimmers

Swimmers finishing Grades 9 through 12)

High School Swimmer Swimming Meets Only _____ No Charge

High School Swimmer **Only** Swimming once outdoor practice begins: *(Choose Level)*

Mako – Level II	__ Swimmers @ \$175= _____
Mako – Level I	__ Swimmers @ \$195= _____

High School Swimmers wishing to start practice indoors refer to Mako fee schedule under Practice Levels above

Check here if you are requesting evening practice sessions once summer season starts in June. Evening practice sessions are limited to the first 12 paid registered swimmers who are not available to participate in morning sessions.

Additional Fees

If you are not a member of the Palmyra Community Pool, add \$30.00 **per child**

\$ _____

USA Swimming Swimmer Surcharge

__ Swimmers @ \$127=_____ **(Optional)**

Silicone Cap Upgrade

__ Swimmers @ \$12=_____ **(Optional)**

Each swimmer is provided with two latex caps as part of their registration fee. You can upgrade those two caps to silicone for a \$12 fee. To receive caps, registration form must be received prior to April 30th.

Discounts for Multiply Swimmers:

Discount does not apply to non-paid high school swimmers participating in meets only

____ (No. of paid swimmers **over** one) x \$20

\$ _____

TOTAL DUE

\$ _____

Check here if you are a new swimmer doing a free two week trial.

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Swimmer Information:

Last Name *First Name* *Middle Name*

Miscellaneous Information:

T-Shirt	Youth	Youth	Youth	Adult	Adult	Adult	Adult X-
Size:	Small	Medium	Large	Small	Medium	Large	Large

Circle One

Name for Caps:

Example: "Smith" OR "A. Smith"

Please no nicknames

Season End Award Personalization:

Name or nickname you would like on your season-end award

The above is being requested for informational purposes only and may be used throughout the season dependant upon the need.