PALMYRA AQUATIC CLUB
Swimmer Registration
Winter 2007 - 2008 Season

Swimmer Information:

Last Name	*First Name*	*Middle Name*
Date of Birth	*Age as of December 1, 2007*	Male/Female *Circle One*

Swimmer's Email Address (if possible)

Parent/Guardian Information:

Father/Guardian	**Mother/Guardian**
Name	*Name*
Address	*Address*
City/State/Zip	*City/State/Zip*
Home Phone	*Home Phone*
Work Phone	*Work Phone*
Cell Phone	*Cell Phone*
Email Address	*Email Address*

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

Emergency Contact

Name	*Phone Number*

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 Winter 2007-2008

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
Winter 2007-2008 Season

Swimmer Information:

_____

Last Name *First Name* *Middle Name*

*******Registration form is due by September 18th. 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 October 22nd with the other half due no later than November 19th. *******

Practice Levels

Sand
Regular Season (Practice Starts Oct 22nd) __ Swimmers @ $200=_____

Tiger
Pre-Season (Practice Starts Sept 11th) **OR** __ Swimmers @ $290=_____
Regular Season (Practice Starts Oct 22nd) __ Swimmers @ $240=_____

Mako – Level II
Pre-Season (Practice Starts Sept 11th) **OR** __ Swimmers @ $335=_____
Regular Season (Practice Starts Oct 22nd) __ Swimmers @ $285=_____

Mako – Level I
Pre-Season (Practice Starts Sept 11th) **OR** __ Swimmers @ $370=_____
Regular Season (Practice Starts Oct 22nd) __ Swimmers @ $320=_____ ***(Optional)***

NOTE: These are longer more intense practices and a swimmer must be physically capable of practicing at this level.

High School Swimmers

Swimmers entering Grades 9 through 12)

High School Swimmer Swimming Pre-Season Only (Practice Starts Sept. 11th) $50.00

High School Swimmer Swimming Meets Only No Charge

Additional Fees

Out of District Fee: Add if swimmer/family does not reside in the Palmyra Area School District (This is a per family charge, not per swimmer)	$50.00	
USA Swimming Swimmer Surcharge (Includes 2008 US Registration Fee of $57)	__ 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.

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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Winter 2007-2008 Season

Swimmer Information:

_____

Last Name ***First Name*** ***Middle Name***

Miscellaneous Information:

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

Circle One

Name for Caps: _____

Example: "Smith" OR "A. Smith" ***Please no nicknames***

In order to be eligible for team caps with swimmer's name you must register by October 10th.

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.