



2021-22 HealthQuest Winter Swim Team Swimmer Registration Form



LAST NAME:	FIRST NAME:	Middle Initial:	HQ MEMBER: ___Y ___N
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Sex:	Birthdate:	Age:	T-Shirt Size:
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PARENT/GUARDIAN INFORMATION:

Mother's Name:		Father's Name:	
Address:			
City:		State:	Zip Code:
Mother's Email:		Father's Email:	
Mother's Phone #:	Daytime:	Evening:	
Father's Phone #:	Daytime:	Evening:	

ALTERNATE CONTACT INFORMATION:

Name:	Relationship:
Daytime Phone #:	Evening Phone #:

MEDICAL INFORMATION REQUESTED:

Any medications, please list:

Any allergies: ___ No ___ Yes (if so, please list)

Surgery within the last 6 Months: ___ No ___ Yes (if so, please explain)

Any recent medical conditions: ___ No ___ Yes (if so, please explain)

USA SWIM TEAM FEE STRUCTURE	REC LEAGUE SWIM TEAM FEE STRUCTURE
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___ Beg ___ Inter ___ Adv (Swim Coach Initials _____) Registration Fee: \$85 (No Refund) AND Meet Escrow Acct: \$100	___ Beg ___ Inter/ Adv (Swim Coach Initials _____)																														
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*Season Runs Sept to Apr - Early Buyout Fee Applies ___ I am registering my swimmer for USA Swim Team	___ I would like to make 2 equal payments. Season Runs September to April ___ I am registering my swimmer for Rec League Only																														

RELEASE STATEMENT

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest, its' affiliated organizations and sponsors. Recognizing the possibilities of physical injury associated with leagues and in consideration for HealthQuest accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest, its' officers, coaches, managers, referees, affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on that the registrant as a result of the registrant's actions. I affirm the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As a parent/guardian of the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Method of Payment: Cash Check # _____ Charge to HQ Account – Scan Card # _____

Credit Card – Circle One: AMEX DISCOVER MASTERCARD VISA

Card Number: _____ Exp Date: _____

Signature of Parent/Guardian: _____ **Date:** _____

Swimmer must be current with their payment schedule in order to be competitive with the Hammerheads Swim Team.

___ Pay in FULL by 10/1	___ EFT Payments (2)	Amount Paid at Registration \$ _____
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