

Fees _____ Cash/Check # _____

Age as of 6/1 _____

**Lake Camelot Swim Team
Registration and Health Form**

Swimmer's Name _____ Birthday _____

Address _____

City _____ Zip _____

Parent/Guardian _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-mail _____

Emergency Contact Name _____

Emergency Contact Phone # _____

If my child is seriously injured and needs to be taken in an ambulance to receive medical care, she/he needs to be taken to:

Hospital _____ Physician _____

Health Information

Check any condition(s) your child has:

___ Seizures ___ Asthma ___ Heart Disease ___ Diabetes ___ Ear Infections ___ Nosebleeds

Other _____ Allergic to: _____

List any physical limitations your child has: _____

I certify that the above information is true and correct to the best of my knowledge. I release the Lake Camelot Round Table Association and their respective servants, agents, officers and all other participants in activities of the program of and from all claims, demands, actions and causes of action of any sort, for injury to my child during her/his participation in the activities of the Swim Team, or any injury which follows participation in such activities.

Parent/Guardian Signature _____ Date _____

Meet Commitment 2017

Swimmer: _____

Yes

No

June 20th Home vs. Pekin

June 22nd Home vs. Lake Bracken

June 27th Away @ River City

June 29th Away @ Morton

July 11th Home vs. IVY Club

July 18th Away @ Metamora

July 27th Home vs. Havana
