

Sonterra Stingrays Swim Team
Registration Form for 2017

Primary Contact

Secondary Contact

Name	
Address	
Address	
City, ST, Zip	
Day Phone	
Evening Phone	
Mobile Phone	
E-Mail Address	

Swimmer(s) middle initial required

Last Name	First Name	I	Preferred Name	Birth date	Boy/Girl

PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the **child/children** named above, I hereby give my full consent and approval for my **child/children** to participate as a team member in the sport designated below. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my **child's/children's** participation, and I am willing to assume these risks on behalf of my **child/children**. I hereby certify that my **child/children** is fully capable of participating in the designated sport and that my **child/children** is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my **child/children** participations, I do hereby waive, release and hold harmless the organizations **MaverickSSL, The Club at Sonterra**, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my **child/children** in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named swimmers, I hereby give 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 are necessary to preserve the life, limb or well-being of my dependents listed above. The MSSL and The Club at Sonterra does not assume any financial responsibility but does wish to provide the best emergency service available. By signing this form you are giving the appropriate pool personnel authority to call the EMS or to obtain medical care in the event of an emergency.

Please list any physical limitation (allergies, hearing, sight, etc.)

X _____
 Parent/guardian signature