

Are you a new Member? (Please Circle) Yes / No

## MUSCATINE SWIM CLUB REGISTRATION FORM

2006/2007 WINTER SEASON

(Please fill out separate form for each swimmer)

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Birthday \_\_\_\_\_ Age on Dec. 1 \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ (\*Mandatory for communication purposes)

Certified Official \_\_\_\_\_ (date of certification)

Physician \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that my child is in good health. Further, I agree to accept all responsibility for his/her health with respect to use of the swimming pools used during the current swim season. I hereby certify that my child has my permission to participate in such swimming meets and workouts as scheduled by the Muscatine Swim Club. Further, I shall not hold the Muscatine Swim Club or the Muscatine Community Y responsible for any accidental injury that might be incurred while participating in or traveling to or from such meets and practice sessions. In case I cannot be reached, I authorize emergency medical/hospital treatment.

The Muscatine Swim Club Board reserves the rights to remove a swimmer from the club if he/she or his/her parents do not abide by the rules set by the club. I also acknowledge that the Muscatine Swim Club is a parent-run youth activity that requires participation from every family and agree to volunteer to assist at home swim meets in some capacity.

**THERE WILL BE NO REFUNDS OF REGISTRATION FEES FOR RETURNING SWIM CLUB SWIMMERS.**

Enclose \$135.00 for club fees (\$125.00 for each additional family member). There will be an additional \$10 late fee for any returning swimmer signing up past the deadline of October 15.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Muscatine Swim Club  
P.O. Box 504  
Muscatine, IA 52761