

DEPARTMENT OF SPORTS

LIONS AQUATIC CENTRE REGISTRATATION FORM

Part A Swimmer's Personal Information

Swimmer's Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender:  Male  Female School: \_\_\_\_\_  
e.g. 2/21/2008 month day year

Swim level last term/Coach: Tick  one Level- 1 2 3 4 5  Competitive  National

Coach:- Coach Andre Coach Brigitte Coach Dominic  Coach Marie  Coach Zack

Part B Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ District \_\_\_\_\_ P.O. Box/Zip \_\_\_\_\_

Emergency Contact Name (other than parent/guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

Part C Swimmer's Medical Information (additional information please attach)

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the swimmer allergic to any medications or foods? \_\_\_\_\_

List any physical condition that we should be aware of (i.e. asthma, diabetes, etc.) \_\_\_\_\_

Part D Parent/Guardian Consent/Disclaimer

I \_\_\_\_\_, hereby give my consent and confirm that my child is in good physical condition which allows him/her to participate in this program voluntarily. I am aware that such participation may result in possible injury/death due to the nature of the said program and that I the undersigned waive and release all rights and claims against the Cayman Islands Government, the Department of Sports, staff or officials assisting at this camp. I further acknowledge that I am aware of insurance policies that are available to me through private or institutional means. The signature below acknowledges that I have read, and completed this form and am in agreement with **Part D** of this form.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian

LAC Office USE ONLY -

Level Placed: 1 2 3 4 5

Competitive National Waiting List

Time: \_\_\_\_\_ Day: \_\_\_\_\_

Coach: \_\_\_\_\_

Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

LAC Office USE ONLY -

Cheque # \_\_\_\_\_ Bank: \_\_\_\_\_  Cash

Receipt \_\_\_\_\_ Date: \_\_\_\_\_ Cash Collected: 1x\$25

2x\$10 1x\$10 2x\$5 1x\$5 5x\$1 10x\$1

Exempt Reason: \_\_\_\_\_

Transferred to Term: \_\_\_\_\_

Collected/Processed By: \_\_\_\_\_