Splash Aquatics

Family Name_____

Registration Form

Mom's Email Address_____

Dad's Email Address_____

Swimmers:

	Last Name	**First**	**MI**	**Sex**	**Birth Date**
1)					
2)					
3)					

Address _____City _____Zip_____ Phone _____

Parents Names (Mother) _____ (Father) _____

Cell Phones (_____) _____ (_____)_____

Emergency Information

Are there any health problems the coaches need to be aware of? (Asthma, diabetes, allergies) _____

Is your child taking any medication?_____

In Case of Emergency notify (if parents can't be reached)

1st) Name _____ Phone _____

2nd) Name _____ Phone _____

Release

In Consideration of accepting this registration, I hereby agree to indemnify and hold harmless Splash Aquatics, Splash Youth Sports Inc., Marina High School, Huntington Beach Union School District, and any officers, agents and employees from any liability claim, or action for damages resulting from or in any way arising out of the participation in the program by the persons registered.

Parent Signature _____ Date _____

Parent Signature _____ Date _____