2016 NEW SWIMMER REGISTRATION FORM-YEARLY* *(*9/1/2015-12/31/16)*

Child First Name: ___________________________Last Name:___________________________M.I.___ GENDER (M/F)__________

Child Preferred Name or "Nickname"______________________Child Birthdate: (mm/dd/yy)________________________

Parent Name (Father)_______________________________ (Mother)___________________________________

Street Address:____City, State, Zip: ____________________________

Telephone (home)__________________________ Cell:(MOM) __________________________(DAD)__________________________

Telephone (Work)____________________________________Email: ____

Driver's License #: ____

New Swimmers: after an initial tryout, you are allowed to tryout 1 practice at no charge. After this time in order to participate on the Lake Lytal Lightning Swim Team you must be responsible for the following financial obligations:

USA Swimming Fee & LLL Team Registration Fee $_____________(Check payable to **LLL**)
1st Swimmer $135. 2nd Swimmer $135. Each additional sibling $60.

1st Month Training Fee $ __________ (Check payable to **BOCC** or Board of County Commissioners)
Dev. High Sch.-$75 Red-$75 Bronze-$80 Dev. Sr. $95 Adv. Sr. $100

Training Fees are due by the 10th of each month, and are to be paid in full regardless of # of practices attended.

Initial Group Assignment:_________________Start Date:__________________ Parental Initials ________

Dr.Licence#____(Mandatory)

I hereby grant permission for my child to participate on the Lake Lytal Lightning Swim Team and agree to indemnify and hold harmless the Lake Lytal Lightning and its officers, agents, employees, and volunteers help, any community organization co-sponsoring the program, Lake Lytal Lightning Parents Booster Club, USA Swimming, Florida Gold Coast swimming & Palm Beach County Parks & Recreation Dept., from and against any and all liabilities for any injury which may be suffered by my child arising out of or in any way connected with his/her participation in the program named above, including, but not limited to losses or liabilities arising out of the acts or omissions of the Lake Lytal Lightning Swim Team or its officers, agents, employees, volunteer help, and community organization co-sponsoring the program, Lake Lytal Lightning Parents Booster Club, USA Swimming, Florida Gold Coast swimming and the Palm Beach County Parks & Recreation.

Signed____**Date**__________________

To whom it may concern: As a parent or guardian of the Child named on this form ("Child"), I authorize a qualified and licensed medical doctor to treat the Child in the event of a medical emergency which, in the opinion of the attending physician, may endanger the Child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the below named. This authorization form is completed and signed on my own free will with the sole purpose of authorizing medical treatment for the the Child under emergency circimstances in my absence.

Signed____ **Date**______________________

Family Physician____Phone___________________

Specific medical allergies, chronic illness or other conditions:____

Additional contacts in case of emergency: ____