



2020-2021* NEW SWIMMER REGISTRATION FORM

Child **Last** Name: _____ **First** Name: _____ M.I. _____ GENDER (M/F) _____

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

Parent Name (Father) _____ (Mother) _____ School Attended: _____

Street Address: _____ City, State, Zip: _____

Primary Cell:(MOM) _____ (DAD) _____

Email: _____

Driver License #: _____

Mandatory if you DO NOT use AUTOPAY

USA Swimming Fee & LLL Team Registration Fee \$ _____ (Check payable to LLL)

1st Swimmer \$140. 2nd Swimmer \$120. Each additional sibling \$80.

1/2 Year June 1-Dec. 31: \$75 Each Swimmer

1st Month Training Fee \$ _____ (Check payable to BOCC or Board of County Commissioners) (INCL. Driver's Lic.#)

Red-\$80 Bronze-\$85 Dev. Sr. \$100 Adv. Sr. \$105. 2nd Swimmer in Dev. Or Adv. Sr. \$10 discount. 3rd Swimmer in Dev. Or Adv. Sr. \$20 discount.

AUTOBILL SET UP THRU THE POOL CASHIER IS NOW AVAILABLE TO AVOID BOCC CHECK WRITING

***DURING POOL RESTRICTIONS DUE TO CORONA VIRUS....ONLY CR.CARDS or DEBIT CARDS ACCEPTED**

Training Fees are due by the 1st of each month, and are to be paid in full regardless of # of practices attended.

Initial Group Assignment: _____ Start Date: _____ Parental Initials _____

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** _____

OVER

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: _____