



2022* 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: _____

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

ALL TRAINING FEES PAYABLE THRU POOL CASHIER.... WE RECOMMEND 'AUTOPAY' THRU CASHIER TO AVOID HAVING TO COME TO CASHIER WINDOW EVERY MONTH.

NO CHECKS ACCEPTED

POOL CASHIER OPEN TUES.-SAT. 10-545PM

ALL FEES DUE BY THE 1st OF EACH MONTH.

1st Month Training Fee \$ _____

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.**

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: _____