

# Black Oak Swim & Dive Team Registration 2010

(Please print all information)

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

ALL pertinent E-mail addresses: \_\_\_\_\_

(for swim and dive team communication purposes only)

**Team Fees:** Swim and Dive fees cover team expenses and entry fees for championship meets. Additional expenses above and beyond team fees may include a team suit (swim & dive), cap, and goggles (swim only). Registration fees will be refunded should your child(ren) decide not to participate. No refunds will be issued after June 11<sup>th</sup>, 2010.

Swim Team:	\$55	expenses above and beyond team fees may include a team suit (swim & dive), cap, and goggles (swim only).
Dive Team:	\$55	Registration fees will be refunded should your child(ren) decide not to participate.
Both Swim & Dive:	\$85	No refunds will be issued after June 11 <sup>th</sup> , 2010.

Participant Name	Sex	Date of Birth	Age on June 1st	Swim	Dive	Both	Amount Paid
	(M/F)	(DD/MM/YY)					
<b>Please make check payable to BOSC</b>						<b>Total Fees:</b>	

### MEDICAL INFORMATION AND EMERGENCY MEDICAL AUTHORIZATION

Has your child had a physical by a doctor within the last year? \_\_\_\_\_ Does your child regularly take medication? \_\_\_\_\_

Is your child currently under a doctor's care for a) Allergies \_\_\_\_\_ b) Asthma \_\_\_\_\_ c) Diabetes \_\_\_\_\_ d) Other \_\_\_\_\_

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone) or \_\_\_\_\_ (other parent/guardian) at \_\_\_\_\_ (phone) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) or Dr. \_\_\_\_\_ (preferred dentist) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician or dentist should be alerted, must be listed on the reverse side of this form.

### ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION AGREEMENT:

I hereby certify that I have knowledge of the physical condition of \_\_\_\_\_ (list all participating children) and give my consent and permission for my child(ren) to participate on the Black Oak Swim Club (BOSC) Swim/Dive Team. I understand the possible risks involved and hereby consent for my child to participate in SSA Swim/Dive team related activities and use of BOSC facilities or other SSA League facilities. I further state that I shall not hold BOSC Swim/Dive Team, Black Oak Swim Club, or any associated person responsible or liable for any accidents or injuries to my child(ren) while participating or being transported to or from Swim/Dive Team activities if it should become necessary. I hereby release, indemnify, and hold harmless BOSC, or other SSA League facilities, its trustees, agents, employees, assigned volunteers, or other persons associated with the SSA League from any and all liability, claims, actions, demands, and judgments arising out of any injury or loss sustained by the above named child(ren) or myself in connection with the SSA and BOSC swim/dive activities.

**Photo Release:** I hereby consent to and authorize the use and reproduction by BOSC, or anyone authorized by BOSC, of any and all photographs that have been taken of me and/or my child(ren) for any purpose, without compensation to me. All negatives and positives, together with the prints, are owned by BOSC. BOSC reserves the right to use these photographs on its website and any publications.

**I have read, understand, and am voluntarily signing this authorization and release on behalf of myself and my child, fully intending to be bound by it.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**This form must be completed and signed before your child(ren) may practice with the swim/dive team or participate in a meet.**

**Please send the completed registration form and payment to: Brenda Kraner 8800 Sugarcreek Pt Centerville OH 45458**