



Hobcaw Swim Team Registration Summer 2011



Parent's Name _____
 E-Mail Address _____ Home Phone _____
 Home Address _____ Mother's Cell _____
 City, State, Zip _____ Father's Cell _____
 Alternate E-mail(s) (spouse/swimmer): _____

Swimmer's Name	Birthdate (mm/dd/yy)	Male/Female	Age (as of 06/01/11)

Emergency Contact Name: _____
 Emergency Contact Phone Number: _____

Significant Medical History (continue on back if necessary):

Release of Liability

In consideration of the Hobcaw Yacht Club (HYC) consenting to allow the children named herein to participate in the swim team activities, the undersigned hereby releases and discharges the HYC, its members, families, the swim team board, and all persons for whom the HYC may legally be responsible, from all actions, rights, causes of actions, claims, and any demands whatsoever that now exist or may hereafter accrue for injuries, including unknown and unanticipated, and all consequences flowing there from, as a result of an accident, casualty or event which was sustained by any participation in the swimming team program.

 Parent's Signature

I certify that I am a member of Hobcaw Yacht Club in good standing with dues up to date.
 No refunds will be issued after June 6, 2011.

 Parent's Signature