

**2016 CFYN LONG COURSE PROGRAM
REGISTRATION AND EMERGENCY MEDICAL FORM**

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____ Zip: _____

Age: _____ Birth Date: ____/____/____ Gender (circle one): Male Female

Did you or a sibling swim for Tigersharks in the 2015/2016 short course season (includes CFYN high school pre-season)? (circle) Yes No

Circle the price of the program(s) you are signing up for.

*Please note these are the only options available, we will not be able to prorate fees based on late starts or due to vacations. **All swimmers** are required to be registered USA Swimming members.*

Program	Cost	Booster Subsidy *	Subsidized Cost
Spring & Summer Program	\$465	(-75)	\$390
Spring Athlete/College Athlete Program	\$380	(-55)	\$325
Spring Only	\$175	(-25)	\$150
Summer Only	\$305	(-25)	\$280
Spring Dryland -Optional Add-on (YMCA membership required)	\$10	N/A	N/A
USA Registration (does not apply to swimmers who are already registered with USA swimming)	\$47.50	N/A	N/A

*** Subsidy applies ONLY to swimmers whose immediate family had a Tigershark registered in the 2015/16 Short Course season and the family participated in the fundraising efforts.**

Total Cost: _____ **Payment Plan? (circle) Yes N**

Payment Plans:

For the Spring & Summer combo program & the Spring/College Athlete program we will offer payment plans dividing the cost into 3 equal monthly payments.

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Parent/Guardian Information:

Mother's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Primary e-Mail: _____ Secondary e-mail: _____

Emergency Information:

Emergency Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Hospital Name: _____ Phone: _____

List any medical conditions/medications: _____

LIABILITY WAIVER AND CONSENT FOR MEDICAL TREATMENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonable accessible. The authorization does not cover major surgery, unless the medical opinions of two licensed doctors or dentists, concurring in the necessary for such surgery are obtained prior to the performance of such surgery. Please list facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted .

Club Official Use Only☐ Total fees owed _____☐ Escrow Deposit _____

Total Received: _____

Check Number/Cash _____

(Signature of Parent/Guardian)_____
(Date)