Cuyahoga Falls Natatorium
High School Preseason
Program Registration Form

Swimmer Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____City: _____ Zip: _____

Phone Number: _____ Gender: M or F (circle) Birthdate: _____

Parent's Name (s)_____

Primary Email Address_____

Parent's Phone Number _____

_____ Option 1. Practice only, No Tigershark affiliation (skip t-shirt question) - $65

_____ Option 2 Preseason Meet Only Tigershark Participation -$90 *

_____ Option 3 Full Tigershark Participation -$125 first swimmer $100 each additional. *

_____ Optional USA Swimming add on to Option 2 or 3 for an additional $82 (includes USA membership).

* These options require a YMCA membership to be set up at the YMCA. Also requires t-shirt info.

T-shirt Size _____   Name on Back of T-shirt _____

<center>***Emergency Medical Form***</center>

Part 1 or Part 2 Must be completed

Part I: To Grant Consent

I hereby give consent for the following providers and local hospital to be called.

Swimmer Name_____ Age_____

Physician: _____ Phone: _____

Parent Contact 1 _____ Phone:_____

Parent Contact 2 _____ Phone:_____

Alt. Emergency Contact_____Phone: _____

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 reasonably accessible. This authorization does not cover major surgery, unless the opinion 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 in the area below. Use back of sheet if necessary.

Medical Conditions:

_____

_____

Medications:

_____

_____   _____

Parent Signature   Date

Part II: Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, i want the following action taken. Use back of sheet if necessary.

_____

_____

_____   _____

Parent Signature   Date