

PENNSBURY AQUATIC CLUB REGISTRATION
PLEASE RETURN BY SEPTEMBER 5, 2008

Family Name	
Address	
City/St/Zip	
Email	

Athlete Name	M/F	Date of Birth	Program	Amt. Paid
Circle Shirt Size	Child: S M L		Adult: S M L XL XXL	
Circle Shirt Size	Child: S M L		Adult: S M L XL XXL	
Circle Shirt Size	Child: S M L		Adult: S M L XL XXL	
Circle Shirt Size	Child: S M L		Adult: S M L XL XXL	

New Family [] Returning Family [] \$ _____

Return this Form with your check made payable to **Pennsbury Aquatic Club**. Include the total payment. **Only** for those families whose fee exceeds \$500 will two payments be allowed: half due September 10th, the balance due October 10th. After October 10th, no refunds will be granted.

UNCONDITIONAL RELEASE

I have registered my child(ren), above named, in the 2008-09 program conducted by the Pennsbury Aquatic Club (Team) at facilities located at 705 Hood Blvd., Fairless Hills, PA and 1523 Makefield Rd, Yardley, PA. I understand that such program (Program) is under the supervision of Team and that any registration fee imposed by the Team does not cover the full cost of the Program. I understand that swimmers/divers undergo practices that are mentally challenging and physically demanding in order to prepare them for competition. Practices increase in intensity as the demonstrated capability of the swimmer/diver increases. I will consult with our family physician to determine if our child(ren) should be permitted to undergo the rigors of the program. I warrant that said child(ren) is covered by hospital and medical insurance coverage that will pay any medical or hospital treatment of my said child(ren) if such treatment shall be required as a consequence of the Program. No such treatment will be rendered without my specific permission unless emergency treatment is required in the opinion of medical personnel and I cannot be contacted. In consideration of the participation of said child(ren) in the Program , I hereby release, discharge and hold harmless Team, and the agents and employees of Team, all starters , referee s, coaches , and all other officials and participants supervising or competing in a competitive event or practices, and the agents, servants and employees of any other team while my child(ren) is participating in the Program at the facilities of a team other than the above named , acting within the scope of their employment, of and from all actions or causes, lawsuits and any other manner of action in law or in equity arising directly, indirectly or consequentially out of the participation of said child(ren) in the Program. I am the parent/guardian of the child(ren) registered to participate in the Program.

SIGNATURE

DATE

Pennsbury Aquatic Club
2008-2009 Emergency Information

In the event of injury or sudden illness, as legal guardian I hereby grant permission for my child to be treated by a qualified and licensed physician in the event that immediate treatment is necessary as determined by the attending physician. Permission for treatment is only authorized in the event I am unable to be reached following a reasonable effort to do so. This permission is granted for the 2008-2009 SAL/USA Swim/Dive Season.

Athlete	Allergies and/or other Medical Conditions

Names of both Parents/Guardians	

Day Time Phone	
Evening Phone	
Mom's Cell Phone	
Dad's Cell Phone	
Emergency Contact	
Emergency Phone	
Family Physician	
Physician Phone	

Questions? Call:
Mail Form To:

Andy Newhall @ 215-356-8449
Pennsbury Aquatic Club
P.O. Box 991
Morrisville, PA 19067

A child may not practice without the payment of fees
and the required signature on this Form!