



**Montgomery**  
*Swim & Tennis Club*

**Blue Wave Swim & Diving  
Team Registration**

It takes the help of every parent to run our swim meets, so all families are required to work a session at each of our home meets. We are also required to supply timers, judges (diving and swimming) and table workers for our away meets. Sign-up sheets will be posted in advance of every meet, so please make sure you add your name to lists, or we will assign a job to you.

**Fees: \$80.00 per child, not to exceed \$200.00 per family.**

Fees Include: T-shirt, trophy, PPSL dues, swim and dive coaches' salaries, Finals fees, some social events & needed equipment

Make checks payable to MSTC, return this **ENTIRE** 2-page form with payment to Montgomery Swim Club, PO Box 42366, Cinti, OH 45242.

| Child's Name | Swim                     | Dive                     | DOB | Age as of 6/1/07 | T-Shirt Size       |
|--------------|--------------------------|--------------------------|-----|------------------|--------------------|
| \$80         | <input type="checkbox"/> | <input type="checkbox"/> | / / |                  | YM YL<br>SM M L XL |
| \$80         | <input type="checkbox"/> | <input type="checkbox"/> | / / |                  | YM YL<br>SM M L XL |
| \$40         | <input type="checkbox"/> | <input type="checkbox"/> | / / |                  | YM YL<br>SM M L XL |
| \$0          | <input type="checkbox"/> | <input type="checkbox"/> | / / |                  | YM YL<br>SM M L XL |
| \$0          | <input type="checkbox"/> | <input type="checkbox"/> | / / |                  | YM YL<br>SM M L XL |

Check TOTAL \_\_\_\_\_ Check Number \_\_\_\_\_

The undersigned accepts full responsibility for the actions and conduct of children listed above.

|  |              |                      |              |
|--|--------------|----------------------|--------------|
| Parent/Guardian Name   |              | Parent/Guardian Name |              |
| Address  |              | Address              |              |
| Home Phone   | Mobile Phone | Home Phone           | Mobile Phone |
| Email  |              | Email                |              |
| <b>Emergency contact if unable to reach parent or guardian</b> | Contact Name | Daytime Phone        | Other Phone  |
|  | Relationship | Email                |              |

**NOTE:** If your child(ren) will be training with a club or YMCA team, instead of MSTC, please include most recent best times for the following events, by age groups:

| Age Group        | FREE | FLY | BACK | BREAST |
|------------------|------|-----|------|--------|
| 8 & Under: 25 yd |      |     |      |        |
| 9 - 10: 50 yd.   |      |     |      |        |
| 11 - 12: 50 yd.  |      |     |      |        |
| 13 - 14: 100 yd. |      |     |      |        |
| 15 - 18: 100 yd. |      |     |      |        |

## EMERGENCY MEDICAL AUTHORIZATION

|  |   |               |             |
|--|---|---------------|-------------|
| <b>IMPORTANT</b><br><br><b>Preferred Family<br/>Physicians &amp;<br/>Hospitals</b> | <b><u>ON THE BACK OF THIS FORM</u> - For the above family members, please describe special medical conditions or medication currently taken. Include any known allergies club officials should be aware of.</b> |               |             |
|  | Physician/Practice  | Daytime Phone | Other Phone |
|  | Dentist/Orthodontist  | Daytime Phone | Other Phone |
|  | Hospital(s)   |               |             |

***You MUST select one of the following***

- If reasonable attempts to contact parent(s)/guardian(s), listed above, have been unsuccessful, I/we, the undersigned, hereby give or consent for:**
- 1) Any treatment deemed necessary by the above named physicians; or in the event the designated physician is not available, by other licensed physician.
  - 2) The transfer of my child to hospital of choice or any reasonable accessible hospital.
- This authorization does not cover major surgery unless the medical opinions of two other physicians concur on the necessity of such surgery prior to the surgery being performed.
- We DO NOT consent for the emergency medical treatment for our child. In the event of illness or injury we wish Montgomery Swim Club to (provide instructions here):**

|           |  |           |  |
|-----------|--|-----------|--|
| Signature |  | Signature |  |
| Date      |  | Date      |  |