

Farmingdale Aquatics Swimmer Information Sheet

Last Name: _____ First Name: _____

Address: _____ Town & Zip: _____

Home Phone # _____

Gender (M or F): _____ DOB (MM/DD/YY): _____ Age: _____

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Parent Information

Father's Name: _____ Mother's Name: _____

Same address as Child? (Y/N) If NO, fill in below (specify mother/father): _____

Address: _____ Town & Zip: _____

E-mail Address: _____ Home No: _____

Father's Work No.: _____ Father's Cell No.: _____

Mother's Work No.: _____ Mother's Cell No.: _____

Emergency Contact: Name _____ Phone # _____

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Medication

Medications both OTC and Prescribed Taken on a regular bases and reasons for: _____

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Consent of the Parent or Guardian

I, THE UNDERSIGNED, being the parent or guardian of _____
Do hereby grant permission for his/her participation in all activities, athletic or otherwise,
sponsored by Farmingdale Aquatics and waive, release, indemnify and agree to hold
harmless or responsible Farmingdale Aquatics, its Board Members, sponsors,
representatives and participants for any claim arising out of injury to my child, whether the
result of negligence or for any other cause, except to the extent of their liability insurance
for this activity.

Date _____ Signature of Parent or Guardian _____

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Payment Information

Team (Jr & Sr) \$900	(Cash/Check) Check Number _____
Developmental/Intermediate \$600	(Cash/Check) Check Number _____
Pre-Team \$300	(Cash/Check) Check Number _____
JV/Varsity \$600	(Cash/Check) Check Number _____
Youth Council Fee (out of district) \$60	(Cash/Check) Check Number _____
Meet Fees \$50-Dev/Int \$100-Jr/Sr	(Cash/Check) Check Number _____

Registered by: _____ Date _____ Swim Suit size _____

Comments: