

**2023 CFYN LONG COURSE PROGRAM
REGISTRATION AND EMERGENCY MEDICAL FORM**

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____ Zip: _____

Age: _____ Birth Date: ____/____/____ Gender _____ Grade Level _____

Did you swim for Tigersharks in the 2021/2022 short course season? (circle) Yes No

T-shirt Size (CIRCLE ONE): YS YM YL AS AM AL XL 2XL (deadline 5/1 to guarantee t-shirt)

Program you are signing up for: (check one)

Spring Only _____ Summer Only 3 day _____ Summer Only 5 day _____

Spring & Summer (3 day) _____ Spring & Summer Advanced (5 day summer) _____

Please submit this completed form by email to Registration@cfyntigersharks.com USA membership is required, registration must be done through the USA website.. If there are any outstanding escrow fees they will be added to your invoice. No Refunds be given for missed practices, vacations etc...

Parent/Guardian Information:

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Primary e-Mail: _____ Secondary e-mail (optional): _____

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	
<input type="checkbox"/> Total fees owed	_____
<input type="checkbox"/> Escrow fees	_____
Total Received:	_____
Practice Group Assignment	_____

(Signature of Parent/Guardian)

(Date)