

NEPSCA SEA LION'S REGISTRATION/PERMISSION FORM (1 per family)

Parent/Guardian Name(s): _____
Address: _____
City: Philadelphia State: PA Zip: 19_____
Home Phone: _____ Cell Phone: _____
Emergency Contact: _____ Emergency Phone: _____
E-mail _____ 2nd E-mail _____

We/I give our/my child permission to become a member and participate in all activities of the Northeast Swim Coaches Association (NEPSCA) Sea Lions from September 2009 to March 2010, including, but not limited to, swimming and travel in vehicles.

We/I knowingly assume the risks and hazards incidental with the activities of the NEPSCA Sea Lions Swim Team and NEPSCA. We/I do further hereby release, absolve, indemnify and hold harmless NEPSCA, the NEPSCA Sea Lions Swim Team, it's officials, directors, and volunteers of said team from any actions, demands, suits or claims which my child or we/I, as a parent(s) or guardian(s) might have for any damage or injury to my child as a result of being a member of the NEPSCA Sea Lions Swim Team while participating in any type activity that results in such damage or injury to my/our child.

In case of emergency, we/I give permission to contact the nearest place where medical care is available in order to apply such medical services as are necessary for the well being of our/my child. Yes_____ No_____

We/I certify that our/my child is covered under a medical insurance plan. Yes_____ No_____

We/I certify that our/my child is able to swim one length of the pool without stopping. Yes_____ No_____

Our/my child attends _____ school.

We/I understand that in the event the coaching staff feels further training is necessary, We/I may be asked to remove our/my child from the team until the team requirements are met.

Parents/Guardians Signatures _____ Date _____

_____ Date _____

I understand that I am required to work a minimum of 50% of the swim meets. I can assist with the following:

Timer _____ Block Coach _____ Runner _____ Place Judge _____
Locker Room Monitor _____ Starter _____ * Scorer's table _____ *Stroke Judge _____

* Certified position with training available.

(CHILD INFO ON BACK)

CHILD INFORMATION

Name	Birthday	Medical Problems
1) _____		
2) _____		
3) _____		
4) _____		

NEPSCA MAJOR POOL RULES

NO ROUGH PLAY IN THE POOL

NO DIVING OFF THE STARTING BLOCKS WITHOUT PERMISSION

NO ENTRY INTO THE POOL WITHOUT PROPER SUPERVISION

NO DIVING INTO THE POOL HEAD FIRST WITHOUT PERMISSION

NO JUMPING INTO THE POOL FROM THE MEZZANINE

NO MISUSE OF POOL EQUIPMENT (i.e. BUOYS, KICKBOARDS, ETC.)

NO SITTING OR WALKING ON THE GUTTERS

NO ROUGH PLAY IN THE LOCKER AREAS

ALL LOCKER ROOM INCIDENTS MUST BE REPORTED TO THE ADULT SUPERVISOR

MEZZANINE IS OFF LIMITS TO ALL UNLESS OPENED BY A CERTIFIED PERSON

MEZZANINE IS OFF LIMITS TO ALL SWIMMERS DURING MEETS AND PRACTICE, EXCEPT IN CASE OF EMERGENCY.

FIGHTING AND/OR STEALING ARE GROUNDS FOR IMMEDIATE EXPULSION FROM THE FACILITY

NO RUNNING THROUGHOUT THE POOL FACILITY, ESPECIALLY THE STAIR WELLS

EXITING THE POOL SHOULD BE ACHIEVED ONLY BY THE NEAREST LADDER

We/I the undersigned parents and/or guardians attest and verify that the named swimmer on this form is aware of the NEPSCA pool facility rules, especially the major rules listed above.

We/I certify that, to the best of our/my knowledge and belief, all of the listed information is true, correct and complete.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____