



Forms **MUST** be filled in and returned by **May 25, 2018**.

**Aberdeen Rays Swim Team Registration Form**

*(Please complete a separate Registration Form for **each** participating child)*

**All** fields must be completed.

**Athlete Information:**

**Today's Date:** \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (M / F)

Swimmer's first & last names to be listed on participant trophy: \_\_\_\_\_

**Contact Information:**

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

**Please:**

1. Sign "Acknowledgement of Risks" & "Medical Treatment Consent" statements below.
2. Complete each swimmer's "Participant Order Form".
3. **Please submit payment** for the registration, t-shirts, etc payable to "**Aberdeen Rays**"  
(**check or money order payable to Aberdeen Rays** ) see reverse side for Order/payment Form).

**ACKNOWLEDGEMENT OF RISKS AND HAZARDS:**

"I understand that participation in activities such as **competitive swimming** may involve the RISKS of SERIOUS INJURY OR DEATH. I also understand that by permitting my child or ward to participate on the Aberdeen Rays Swim Team, he or she is subject to the above risks, and that I am fully responsible for any costs incurred as a result of illness and/or injury from such participation."

**Parent/Guardian Medical Treatment Consent:**

**To: Whatever Medical Authority or Responsible Party It May Concern**

"In the event that you are unable, after reasonable effort, to obtain parental consent, then please perform any and all medical treatment requested or needed by my child or children named above. Such treatment should result from the exercise of your best professional judgment under the circumstances.

I hereby consent in advance to such treatment and agree to hold Vesta Property Services, the Community Development Districts, and their staff harmless for any action or claim based upon lack of parental consent that may arise in connection with such treatment. I also authorize such staff to select a medical doctor and/or hospital for the purpose of diagnosis and/or treatment of the above-named minor(s). I have listed below all known precautions (such as diabetes, asthma, heart condition, allergies, etc.) as well as any other relevant medical information for my child or children.

Last Tetanus Shot: \_\_\_\_\_ Precautions/Chronic Illnesses: \_\_\_\_\_

Allergies/Other Medical Information: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Forms **MUST** be filled in and returned by **May 25, 2018.**

## Participant Order Form

**Swimmer's Name:** \_\_\_\_\_

**Optional Items:** Quantity and shirt size **MUST** be indicated on form to receive items.

**Parent T-Shirt:** Sizes Available: Adult Small - Adult 2XL (\$10 each)

**Tank Tops Available:** Sizes Available: Youth Small - Adult 2XL (\$12 each – not included)

<u>Size</u>	<u>Unit Cost</u>		<u>Qty</u>	=	<u>Total</u>
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____

**No-Charge Items** (Included with Team Registration Fee): Shirt sizes **MUST** be indicated on form to receive items.

- All Swimmers:
  - **Team T-Shirt** (circle one):
    - Youth Sizes: Youth Small; Youth Medium; Youth Large
    - Adult Sizes: Adult Small ; Adult Medium; Adult Large
  - **Rays Swim Cap**

**Fees** (All Prices INCLUDE Sales Tax \*\* All Items are Non-Refundable)

\$\_\_\_\_\_ **Team Registration Fee** (Includes League registration of \$20 person) =

EX: \$275/first child, \$250/2<sup>nd</sup> child, \$225/3<sup>rd</sup> child, etc.

\$\_\_\_\_\_ Rays Parent(s) T-Shirt (Optional): \$10.00 each

\$ **FREE** Rays Team T-Shirt (included)

\$ **FREE** Rays Team Bathing Cap: (included)

\$ **FREE** Rays Team Swim Suit: (\$50 value – This will be waived if previous year suit is able to be worn)

\$\_\_\_\_\_ **Total Fee per child**

**Payment: Check or Money Order Payable to: Aberdeen Rays**

**Check #** \_\_\_\_\_ **OR Money Order #** \_\_\_\_\_

**Date:** \_\_\_\_\_