

**MORRIS COUNTY SWIM CLUB LLC REGISTRATION
EMERGENCY MEDICAL AUTHORIZATION/CONSENT/WAIVER/AGREEMENT/REGISTRATION**

As the parent or legal guardian of the child named below, I hereby give full consent and approval for my child to participate in activities of the Morris County Swim Club (MCSC). I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation. I am willing to assume all risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport, is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I approve emergency treatment for my child by a qualified, licensed physician if the below named family physician is not available. I also understand that the MCSC is unable to provide medical coverage for injuries that may be sustained. I hereby agree to use my own hospitalization/insurance to cover any such expense and releases, waives, discharges and covenants not to sue the MCSC, administrators, members, directors, coaches or affiliates. I authorize the MCSC to utilize in any promotional or publicity materials any photograph, video, description or likeness taken during any MCSC activity.

Mother's Name	Father's Name
Contact Phone #	Contact Phone #
Email	Email
Physician	Phone
Emergency Contact	Phone

Athlete's medical history, including any conditions such as physical impairments, allergies, medications being taken or authorized, etc. to which a coach or physician should be alerted are:

Swimmer months and practice days for this next swim year have been emailed to registration@mcscnj.com by June 30.

USA Swimming MCSC ATHLETE REGISTRATION APPLICATION LSC: NJ

REG. DATE / OFFICE USE ONLY

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PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME

PREFERRED NAME	DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
				MCSC	Morris County Swim Club

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.

SIGN _____ **Date** _____
HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

ANNUAL MEMBERSHIP INCLUDE A 1-YEAR SUBSCRIPTION TO SPLASH