

**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, facilities, NJS, USA Swimming 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. I and my swimmers have read and agree to abide by MCSC handbook policies.

<b>NAME</b>	<b>PHONE</b>	<b>EMAIL</b>
Caregiver 1		
Caregiver 2		
<b>Athlete</b> (First, MI, Last)		
Physician		
Emergency Contact		

Address	City, St, Zip
Date of Birth	Sex (M/F) Home Phone

**Athlete's medical history, including conditions such as physical impairments, allergies, medications the coaches should be aware of.**


**Practice Plan** (Leave Level blank. For "Type", write in 2 for 1-2 practice days per week, 3=3 days, 4=4 or more days, L=Lessons, H=High School, C=College, O=OAW Fri, Sat or Sun; W=Weekday once a week Mon-Thu)

Level	Type	Circle planned practice months
		Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul/Aug
<b>Notes</b>		

**Pools:** CCM=County College of Morris, MBS=Morristown Beard School. Check mcscnj .com, seasonal schedule, for times. Level 1 pre-team lessons are at CCM late SatPM, SunAM and at MBS early SatPM, SunAM.

**Circle first and second choice planned practice days, cross out days that you can't make.**

<b>First Choices</b>	<b>Second Choices</b>
<b>CCM</b> SunAM Mon Tue Wed Thu Fri SatPM Sat6PM	<b>CCM</b> SunAM Mon Tue Wed Thu Fri SatPM Sat6PM
<b>MBS</b> SunAM SunEve Mon Tue Wed Thu Fri SatAM PM Eve	<b>MBS</b> SunAM SunEve Mon Tue Wed Thu Fri SatAM PM Eve
Circle preferred weekday start times & cross out times you can't make (for MCSC planning only): 3:30 3:45 4:00 4:30 5:00 5:30 5:45	
Circle if you want to be put on waiting list if membership is full: Yes Circle if you want OAW if regular membership is full: Yes	
<b>Practice day notes</b>	

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

# USA SWIMMING

# 2016 ATHLETE REGISTRATION APPLICATION LSC: NEW JERSEY SWIMMING

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
PARENT/GUARDIAN #1 LAST NAME			PARENT/GUARDIAN #1 FIRST NAME		PARENT/GUARDIAN #2 LAST NAME		PARENT/GUARDIAN #2 FIRST NAME	
MAILING ADDRESS								
CITY			STATE	ZIP CODE				
AREA CODE	TELEPHONE NO.		FAMILY/HOUSEHOLD E-MAIL ADDRESS					

U.S. CITIZEN:  YES  NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

IF YES, WHICH FEDERATION: \_\_\_\_\_

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL check up to two choices):

### DISABILITY:

A. Legally Blind or Visually Impaired

### COMPETITION?

B. Deaf or Hard of Hearing

C. Physical Disability *such as* amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment

D. Cognitive Disability *such as* severe learning disorder, autism

### RACE AND ETHNICITY (You may

YES  NO

Q. Black or African American

R. Asian

S. White

T. Hispanic or Latino

U. American Indian & Alaska Native

V. Some Other Race

W. Native Hawaiian & Other Pacific Islander

HIGH SCHOOL STUDENTS - Year of high school graduation: \_\_\_\_\_

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2015, ENTER THE

CLUB CODE: \_\_\_\_\_ LSC CODE: \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING CLUB: \_\_\_\_\_.

Check if you would like to learn more about the USA Swimming Foundation's initiatives  
Check if you would like to receive the electronic USA Swimming Newsletter (*must be 13 years of age or older*)

SIGN

HERE x \_\_\_\_\_

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

DATE

REG. DATE/LSC USE ONLY \_\_\_\_\_

## USA SWIMMING TRANSFER SWIMMERS PLEASE COMPLETE THE TRANSFER FORM

## MCSC Fee Information

**New members:** after successful evaluations, an email is sent out with a membership proposal of practice months/days and includes fee details. No fees are due before membership proposal acceptance.

**Current members:** A new registration form is only required if there are changes to contact information, medical info, mailing address, etc.

Cash or check payments to an MCSC coach at practice or **mailing address:** MCSC, 5 Paula Ct, Denville, NJ 07834. **Checks payable** to Cash or MCSC. There is a Paypal, credit card payment option, via mcsnj .com.

**Fees are for reserving practice time, not actual practices. If you sign up for a given month but don't practice, the fee is still due, through the month that you request a change via the on line form.** No credits for missed practices, though the MCSC encourages make-ups. Every effort should be made to get make-ups in within 2-weeks, before or after the missed practice. Make ups need to be done during paid practice months. The "monthly" fee is not based on the number of swim days in a given month. Monthly fee is based on total yearly fee divided by 11 (July & August count as 1 month). Members are responsible for fees for the months they sign up, but only through the current month of the date that they complete the on line request form requesting changes or to cancel membership.

For a complete review of programs, fees & discounts, go to mcsnj .com.