

**MORRIS COUNTY SWIM CLUB LLC REGISTRATION SPRING CLINICS
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 Experience:

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ATHLETE REGISTRATION APPLICATION LSC: NJ

REG. DATE / OFFICE USE ONLY

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PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

<small>LAST NAME</small>	<small>LEGAL FIRST NAME</small>	<small>MIDDLE NAME</small>

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

IF UNATTACHED ENTER UN

MAILING ADDRESS

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<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>

<small>AREA CODE</small>	<small>TELEPHONE NO.</small>

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

ANNUAL MEMBERSHIP INCLUDE A 1-YEAR SUBSCRIPTION TO SPLASH

Swimmer Level (Coach determined) _____

Dates Attended/Paid (Coach Use) _____

\$10 Registration Fee, then \$20 per practice, pay the coach as you go. Cash or Checks, payable to MCSC.
To register, email springclinic@mcscnj.com and await acceptance email, then bring completed form and fee to first practice. Availability is limited. Check www.mcscnj.com for availability and clinic dates.