

# BELLINGHAM BAY SWIM TEAM COMBINED REGISTRATION FORM AND LIABILITY/MEDICAL RELEASE FORM

Please fill out all parts of this combined form completely

SWIMMER'S NAME: LAST	FIRST	INITIAL	SEX	BIRTHDATE
MAILING ADDRESS: STREET		CITY	ZIP CODE	
NAME OF PARENT(S) OR GUARDIAN(S)			HOME PHONE	
1.		2.		
BILLING ADDRESS: NAME		STREET	CITY	ZIP CODE
EMAIL ADDRESS (NOTE IF CASE SENSITIVE)		WORK PHONE PARENT 1	WORK PHONE PARENT 2	
EMERGENCY CONTACT OTHER THAN PARENT OR GUARDIAN			PHONE	
DOCTOR'S NAME			PHONE	
ALLERGIES OR SPECIAL MEDICAL CONDITIONS				
<p>If injured while participating in Bellingham Bay Swim Team (BBST) programs or activities, I, my family, and representatives of either agree to waive any legal claim against United States Swimming (USS), Pacific Northwest Swimming (PNS) and BBST, and members, volunteers, officers and directors with each of these organizations as well as owners or operators of facilities used for functions associated with them. If injured while traveling to or from a USS, PNS, or BBST activity by public, private or any other means of conveyance, I agree to waive any legal claim against USS, PNS, and BBST.</p> <p>By signing this release, I represent that I am in good physical condition and am not aware of any disease or injury that would result in my being injured or harming others as a result of any activity participation.</p> <p>I consent for medical/athletic training, transportation and emergency medical services as warranted. If the activity in which I am participating includes physiological and/or biomechanical evaluations, I further consent to those evaluations which pose no unusual risks or hazards when customary safeguards are observed.</p> <p>I agree not to bring or possess alcoholic beverages, illegal drugs, or International Olympic Committee banned substances to any USS, PNS, or BBST activity. I further understand and agree to abide by general rules of conduct prescribed for participants in USS, PNS, and BBST activities. Violations of such may result in a denial and/or revocation of privileges and membership without recompense.</p> <p>If I am less than 18 years of age or a minor under the laws of the State of Washington, my parent or guardian shall also read and sign this release.</p>				
..... Signature of Swimmer			..... Date	
..... Signature of Parent 1 or Guardian (1)			..... Date	
..... Signature of Parent 2 or Guardian (2)			..... Date	
<input type="checkbox"/> Please check here if you do <b>not</b> wish to have your name, phone #, and email listed on the team roster.				