



Method of Payment	
Cash	Check # _____
Amount: _____	
Received of: _____	

Swimmer Information

Last Name: _____

Name: _____ M.I. _____ DOB ____/____/____ SA Level _____

Name: _____ M.I. _____ DOB ____/____/____ SA Level _____

Name: _____ M.I. _____ DOB ____/____/____ SA Level _____

Parent's Names: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Phone: _____

Insurance Information

I, the undersigned, as the parent/legal guardian of a minor child(ren), hereby acknowledge that the forenamed child(ren) is/are covered by medical insurance as follows:

Names of Swimmers: _____

Name of policy holder: _____ Insurance Company: _____

Policy Number: _____ Employer: _____

Physicians Name: _____ Phone: _____

The undersigned hereby release Nassau Swim Club, Yorktown Swim Club, its successors, assigns, officers, agents, and employees, from any and all claims, demands and causes of action whatsoever in any way arising out of or resulting from the participation of the forenamed child(ren) in the Yorktown Swim Club's *Swim America* Lesson program.

Signature of Parent/Legal Guardian: _____ Date: _____

Consent for Treatment of a Minor

If I should be available, or otherwise unable to provide direct authorization, I the undersigned, as a parent/legal guardian of _____, a minor, hereby authorize the designated program director or site supervisor to seek medical help for my child(ren) so as to assure the safety of my child(ren).

Signature of Parent/Legal Guardian: _____ Date: _____