

## Jefferson Terrace Aquatic Club Swimmer Registration Form

Last Name	First Name	Age	Birth Date	Sex	Suit size
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Parent's Information:**

Mother's Name _____	Father's Name _____
Address _____	Home Phone _____
Mother's Cell _____	Father's Cell _____
Mother's Email _____	Father's Email _____

Fees:	Stockholders- 1 <sup>st</sup> Child	\$60	Additional Children	\$45
	Summer Members- 1 <sup>st</sup> Child	\$70	Additional Children	\$55
	Non Members- Each Swimmer	\$75	Girls suit	\$31.46, Boys suit \$22.46

**MEDICAL TREATMENT CONSENT AND LIABILITY RELEASE:**

I, the undersigned parent/guardian, do hereby grant permission for my child(ren), as disclosed on this registration form, to receive medical treatment in the event of an injury or illness while attending practice and/or swim meets involving JTAC Swim Team, and I accept responsibility for the full payment of such medical treatment. I hereby release, acquit, and forever discharge the JTAC Swim Team, JTAC, the JTAC Swim Team coaching staff, and their representatives, and do further hold all such parties harmless in the exercise of this authority, and do hereby release each of them from all liability for any and all loss and damage, any claim for damages resulting thereof, on account of injury to my child(ren) while attending practice and/or swim meets in any way relating, regarding, or pertaining to he JTAC Swim Team.

Parent/Guardian Signature _____	Date: _____
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REMINDER: JTAC Coaches are not responsible for children outside their designated practice time. Please drop off and pick up your child(ren) at the appropriate time. Thank you in advance for cooperation.

Please bring completed form with your check to registration on May 2<sup>nd</sup>, 2-4pm. If you have any questions, please contact Rachel Gamble at 293-3691 or [krigamble@att.net](mailto:krigamble@att.net) or Tim Mercer at [tmerc4@cox.net](mailto:tmerc4@cox.net).