



# North Delta Sunfish Registration Form

# Medical/Waiver/Photo Release

Swimming • Synchro • Waterpolo

Please complete registration form thoroughly. No child shall be registered unless registration form is complete and payment is received. One registration form per swimmer.

### Swimmer Information:

CHILD'S NAME: \_\_\_\_\_  
Last First Initial

ADDRESS: \_\_\_\_\_  
City Postal Code Home Phone Number

DATE OF BIRTH: \_\_\_\_\_ o Female o Male \_\_\_\_\_  
Day / Month / Year Care Card Number

Has your child any special needs or medical conditions that Sunfish should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

Swimmer Lives With: o Mother o Father o Both o Other

### Parent / Guardian Information:

MOTHER'S NAME: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

### Emergency Contact: (other than Parent/Guardian)

NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

#### Participation Waiver:

This signed consent form allows your child to participate in all supervised activities listed on this registration form. North Delta Sunfish and its employees are not responsible for any claim, loss, injury or damage to persons or to property, suffered during supervised activities.

Parent/Guardian Initials: \_\_\_\_\_

#### Photo/Video Release:

I give North Delta Sunfish permission to photograph/video my child; and to use these photographs/videos for display and any future promotional materials without compensation.

Parent/Guardian Initials: \_\_\_\_\_

#### Our Privacy Commitment:

North Delta Sunfish is committed to protecting your privacy. The personal information contained on this form is collected by the North Delta Sunfish for the purpose of administering recreational programs. It will be kept secured and confidential and will be used only by administration staff or those who need to know. It will also be used to send you newsletters and program information.

I do not wish to receive newsletters or program information

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date