GEILENKIRCHEN ORCAS INTERNATIONAL SWIM TEAM
REGISTRATION FORM
2009 SPRING SWIM SEASON

Please complete one form for each swimmer in your family.
Registration Fee (in Euros): 130/1st Child, 120/2nd Child/110 3rd Child.
This Registration Form must be filled out before the swimmer enters the water.

SWIMMER'S NAME: _____ _____ _____
LAST FIRST MI

_____ _____ _____ _____
SEX AGE DATE OF BIRTH SCHOOL ATTENDING AND GRADE

_____
NATIONALITY

Previous Swimming Experience:

PARENT'S/GUARDIAN NAMES: _____ _____
FATHER MOTHER

PASSPORT NUMBERS: _____ _____
FATHER MOTHER

PHONE NUMBERS: _____ _____ _____
HOME CELL-FATHER CELL-MOTHER

LOCAL ADDRESS: _____ _____
(STREET, ZIP CODE AND VILLAGE) MIL. BASE ASSIGNED

E-MAIL: _____ _____
FATHER MOTHER

Privacy Waver
I DO/DO NOT agree to the publication of my personal information on a roster of club members, MPs for base access and to the release of my address and telephone number to other club members. ***Initial*** _____
I DO/DO NOT agree that any photos and/or the name of my child can be used in publications and/or news outlets (e.g. yearbook, newspapers, CFN, AFN radio, etc.). ***Initial*** _____

Medical Authorization and Release of Liability
By enrolling my son/daughter in the above mentioned program, I authorize the ORCAS representatives (including paid/volunteer coaching staff) to take the above mentioned child to receive any medical, dental, treatment and/or hospital care necessary in the event of a medical emergency. I will be responsible for payment of any costs, fees, etc. that are incurred in order to see and administer such care. Further, I release all ORCAS personnel (including NATO/National military, government civilian, contractor, paid/volunteer coaching staff, etc.) from any and all liability, claims or complaints originated from injuries or accidents suffered by my child during this program. I will also be responsible for all damages that my child may cause to NATO or private property, by accident or willful misconduct, while participating in the aforesaid program.
Date: _____ ***Signature***: _____

Swimmer's Medical Condition/Information
I acknowledge that in my opinion my child is medically fit to swim on this swim team. Please list any medical circumstances you feel the coaching staff should know about on the back of this form.
Initial _____ ***Allergies YES / NO*** _____ ***What?*** _____

ORCA Fundraising and Volunteer Commitment
I will participate in any fund raising activities and, in addition, will volunteer a minimum of five hours during the season. I understand that fund raising and volunteering at meets is mandatory for all team parents. See Orca website (www.geilenkirchenorcas.org) for additional terms and arrangements.
Initial _____

_____ _____
SIGNATURE DATE