

## SOUTH FAYETTE SUMMER SWIM TEAM 2023

Swimmer's Name: \_\_\_\_\_

Swimmer's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Swimmer's Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(Please provide an email address that you check often as this will be the main source of communication throughout the season)*

Phone Number: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Does the swimmer have a history of any medical conditions requiring physician care?

\_\_\_\_\_  
Allergies? \_\_\_\_\_ Medications? \_\_\_\_\_

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For, and in consideration of, permission granted by me for my child's participation in the *South Fayette Summer Swim Team (SFSST)*, member of the *South Hills Summer Swim Conference (SHSSC)*, I hereby released said *Team*, and said *Conference*, their officers, agents, and employees jointly and severally, from all claims on behalf of my child, myself, my heirs, executors, administrators, and assigns, which may result from any and all possible injuries which may be received during the course of participation in the swim season.

I hereby attest that my child is physically fit and able to undergo the physical training necessary for participation in swim program.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Fees/Cost: \$100.00** (This includes \$25.00 for insurance).

**\$50.00** for any registered STEEL swimmer (must be registered through the Long Course Season)

Registration fees must be paid in full at time of registration. Registration fees are non-refundable.

(Cash or checks payable to: South Fayette Aquatics)