

## 2020 TRSC Swim and Dive Team Application

Primary Parent Contact:	Email:
Address:	
Home Phone:	Cell Phone:
Secondary Contact:	Email:

Please complete the following information, indicating which event your child will participate.

Child's Name	Date of Birth	Age as of 6/1/20	Swimming	Diving	Both
1.					
2.					
3.					
4.					
5.					

### TEAM FEES

Fees for the 2020 swim season are \$40 per family (regardless of # of swimmers). This is due to the changes in the season as a result of the COVID-19 pandemic.

### Medical Authorization

This document is to be used for Authorization for Emergency Medical Treatment for the children listed below.

Child's Name	Sex	Known Allergies

This Document gives consent to hospital or emergency treatment center, doctor or qualified medical personnel to treat my child(ren) in the event of an emergency.

Parent/Guardian Signature	Date
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