

2021 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. Please specify adult or youth shirt size.

Child's Name	Date of Birth	Age as of 6/1/21	Swimming	Diving	Both	Shirt Size (Youth or Adult)
1.						
2.						
3.						
4.						
5.						

TEAM FEES

Fees for the 2021 swim season are outlined below. Swim suits will be available for fitting & purchase during registration. Please make checks payable to ***Three Rivers Swim & Dive Team***.

Total Number of Swimmers and/or Divers	2016 Fees
1	\$40
2	\$60
3	\$80
4	\$100
5	\$120
6	\$160

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Authorization for Treatment

To whom it may concern:

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

Child's Name	Sex	Known Allergies
Parent's Name (Legal Guardian)		
Insurance Company		
Insurance Policy #	Group #	
Primary Care Physician	Phone Number	
Address	Zip Code	
Home Phone	Cell Phone	
Emergency Contact	Relationship to Child	
Emergency Contact Home Phone	Emergency Contact Cell Phone	

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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