Cedar Rapids Aquatics Association
2007-2008

Swimmer's Name: _____
Last Name Legal First Name Middle

_____ _____
Preferred Name (Nickname) Birthdate (Month, Day, and Year)

Swimmer's eMail Address: _____

Parent's Names: _____

Parent's eMail Address: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____

Father's Employer: _____ Work Phone: _____

Mother's Employer: _____ Work Phone: _____

Father's Mobile Phone: _____ Mother's Mobile Phone: _____

Insurance Carrier: _____ Policy Number: _____

Family Physician: _____ Contact Number: _____

Please indicate if your child has any known health problems, allergies, etc. (List any condition(s) that would limit your child's participation in swimming or diving.)

Person to contact in case of emergency if the parents cannot be reached:

Name: _____Relationship: _____

Home Phone: _____Work Phone: _____

Waiver / Release of Liability

I, the parent of _____, understand that swimming and diving are activities where injuries may occur. I recognize that there may be risks inherent to the sports of swimming and diving. Injuries may include but are not limited to: minor cuts and bruises, shoulder injuries, but may also be as severe as paralysis and death.

All coaches are Red Cross certified and trained in safety and prevention, and hold these as a top priority.

Should my child receive any injury whatsoever while engaged in a practice, meet, or team activity, I waive and release each coach of CRAA, Inc., its board members, volunteers and any rental facilities (to include but not limited to Coe College and the Cedar Rapids Community School District) from any claim or liability.

I also authorize any representative of CRAA to have the above named participant treated in any medical emergency during their participation in a CRAA practice, meet, or team activity. Further, I agree to pay all costs associated with medical care and transportation for the named participant.

I authorize the named participant to travel with CRAA on team sponsored events and activities. I also give CRAA permission for photos/video tapes to be used for educational or promotional purposes.

_____ _____ _____
Parent Witness Date