

# St. Johns Sea Lions

## 2018 Winter session

Legal First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Sex: M F (please circle)

Age: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent / Guardian Information

Parent/Guardian #1: \_\_\_\_\_ Parent/Guardian #2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (if different)

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

\_\_\_\_\_

### CONSENT TO PARTICIPATE AND MEDICAL RELEASE

I hereby give consent for said minor to participate in the activities of the St. Johns Sea Lions (SJSL). By participating in this program, I will not hold any of the sponsors, supervisors, coaches, officials, or volunteers of the SJSL or any local community responsible for any injury that said minor may sustain while participating in the above activities.

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at an event sanctioned or approved by U.S.A. Swimming and / or SJSL.

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

\_\_\_\_\_  
I have read this release. (Sign here)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Minor Child

*Continued on other side...*

## Emergency Information

Physician's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Medical conditions we should be informed about:

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, person to be contacted if parent/guardian not available:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Additional Information

#### 2018 Winter Session Pricing for Beginner, Intermediate, Advanced and Elite groups:

Session cost for all groups is \$200. You must have at least half paid before or on night of registration. No swimmer may participate without a liability waiver on file. **NO Exceptions!!**

- The coaching staff will evaluate new swimmers to determine into which group the swimmer will be placed.
- **All fees must be paid before child swims.** No pro-rating will be done.
- You may register at the St. Johns High School pool starting Monday Dec. 18<sup>th</sup>- Wednesday Dec.20<sup>th</sup> from 6:00pm-7:00pm. Or, you may register by sending your completed form (both sides), liability waiver and payment to the address listed below.
- Winter Session will run from Monday Dec.18<sup>th</sup> - Friday March 9<sup>th</sup>, 2018. Cost is \$200 for all groups.
- For financial questions, you may contact **Jim Kotowicz @ [kfamily1996@gmail.com](mailto:kfamily1996@gmail.com)** or **Sarah Espinoza @ [johnsonsgirl48@yahoo.com](mailto:johnsonsgirl48@yahoo.com)** and **989-472-3686**.

\*Please make checks payable to:

#### **St. Johns Sea Lions**

We accept personal checks, money orders, and cash

**Payment must be made before  
child swims.**

Please circle the group you wish to register for:

**BEGINNING INTERMEDIATE ADVANCED ELITE**

#### Administrative Use Only

Initial Group: \_\_\_\_\_ Date Entered Into TM: \_\_\_/\_\_\_/\_\_\_

Payment Method: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

Check No.: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Check No.: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Contact Email \_\_\_\_\_ or Mailbox \_\_\_\_\_

Mail completed form and payment to:

**St. Johns Sea Lions  
800 S US-27 #108  
St. Johns, MI 48879**

Or bring it to the pool on registration night:

**Mon. December 18<sup>th</sup>  
Tues. December 19<sup>th</sup>  
Wed. December 20<sup>th</sup>**