



St. Johns Sea Lions
Spring Session 2018

May 7th - June 15th
Cost: \$90 for all groups
Please make checks payable to:
St. Johns Sea Lions

Mail completed form to:
800 S. US-27 #108
St. Johns, MI 48879
or Pool Registration:
Mon. May 7th, Tues. May 8th
5:30 - 7:00 pm

The coaching staff will evaluate new swimmers to determine into which group the swimmer will be placed.
Questions? Please contact Dave Patterson @pattersond0417@gmail.com

Swimmer Information

First Name: _____
Middle: _____
Last: _____
Sex: _____
Age: _____
Birthdate: _____
School: _____
Grade: _____

Emergency Information

Physician: _____
Phone: _____
Medical Insurance Co: _____
Policy No. _____
Medical conditions we should be informed about: _____

Parent/ Guardian Information

Parent/ Guardian #1: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Home Phone: _____
Email Address: _____
Mailing Address: _____
Parent/ Guardian #2: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____

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

Name: _____
Relationship: _____
Phone: _____

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: _____

Administrative Use Only

Initial Group: _____

Date entered into TM: _____

Payment Method: _____

Total Amount Paid: _____

Check No: _____

Amount: _____

Date : _____

Check No: _____

Amount: _____

Date: _____