



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: \_\_\_\_\_