



St. Johns Sea Lions
Summer Session 2018
June 18 - August 10

Cost: \$120 (\$175 Elite swimming 2x day)

Please make checks payable to:

St. Johns Sea Lions

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

Mail completed form to:

800 S. US-27 #108

St. Johns, MI 48879

or Pool Registration:

Thursday June 14th, Monday June 18th

5:30 - 6:30pm

Swimmer Information

First Name: _____

Middle: _____

Last: _____

Sex: _____

Age: _____

Birthdate: _____

School: _____

Grade: _____

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: _____

Emergency Information

Physician: _____

Phone: _____

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: _____

CONSENT TO PARTICIPATE AND MEDICAL RELEASE

I hereby give consent for said minor to participate in the activities of the St. Johns Sea Lions (SJS�). By participating in this program, I will not hold any of the sponsors, supervisors, coaches, officials, or volunteers of the SJS� 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 SJS�.

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: _____