



Saluki Swim Club  
PO Box 3293  
Carbondale, IL 62902

618-457-1103  
www.swimsaluki.com

# Athlete Registration Form

# 09/10

This form has 2 pages and must be signed on page 2

## FAMILY INFORMATION

parent names			home phone #
address			father's work or cell #
city	state	zip	mother's work or cell #
full e-mail address that you check regularly ( <b>NOT</b> your child's address) Please print clearly:			

## ATHLETE INFORMATION

name(s) (include middle initial)	sex	date of birth (mm/dd/yy)	US citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	Dual citizen? (country)
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	

## REGISTRATION DEPOSIT

The registration deposit is \$110 for each child registered. Please make checks payable to: **Saluki Swim Club, Inc. *This amount is nonrefundable.***

**Returning athletes:** Registration deposit(s) and any other outstanding fees must accompany this form.

**Evaluated swimmers:** The registration deposit is paid at the time you receive an offer to join the Racing Team. **You do not pay at the time of the evaluation.**

TOTAL ENCLOSED:

Mail this form with proper fees to:

**Saluki Swim Club, Inc.  
PO Box 3293  
Carbondale, IL 62902**

This form must be on file at Saluki HQ prior to any program participation.

August 2008

### Evaluation information

(Leave this section blank)

**Date of evaluation:**

\_\_\_\_\_

**Coach:**

\_\_\_\_\_

Group this swimmer is assigned to:

health  
history

This form is to be completed by the athlete and parents or legal guardians once each year.

If you have had an illness or injury that has lasted more than one week in the six months prior to the date noted below then you will need a statement from your physician about this condition including their assessment regarding your ability to participate in this sport.

- |   | yes | no |
|---|-----|----|
| ■ Have you ever been told by a physician that you should not participate in this sport?   | o   | o  |
| ■ Have you had a fracture or dislocation in the past year?  | o   | o  |
| ■ Have you ever had a shoulder strain or impingement?   | o   | o  |
| ■ Have you ever experienced knee pain while swimming or running?  | o   | o  |
| ■ Are you taking any daily medications?   | o   | o  |
| ■ Do you have any allergies?  | o   | o  |
| ■ Do you wear contact lenses or glasses?  | o   | o  |
| ■ If you wear contact lenses do you wear them while you swim?   | o   | o  |
| ■ Do you have any concerns about your health or questions regarding your participation in this sport that you would like to have answered by a physician? | o   | o  |
| ■ Does the athlete have any medical conditions that the coaching staff should be aware of or that might limit activities the athlete can participate in?  | o   | o  |

If you checked yes to the last question, please describe:

medical  
release  
authorization

I hereby give my consent for the employees of the Saluki Swim Club, Inc. to act on my behalf in the case of sudden illness or injury to my child (children). I understand that every effort will be made to contact my child's parents or legal guardians and any listed emergency contact before authorization for any medical procedure is given in my absence. **This authorization expires on December 31, 2010.**

PRINT – parent or guardian name

X

Signature of parent or guardian

date

If different from the numbers provided above, where can a parent or guardian be reached in an emergency?

signature

**Parent Work Requirement:** I have read and understand the club's *Parent Work Requirement* and agree to its conditions;

**Fees and payment policy:** I have received a copy of the current fee schedule and understand that, in addition to initial fees included with this form, I will be charged additional fees as described in the fee schedule consistent with my child's participation in club activities. I have also read and understand the club's payment policy.

**Club and event promotion:** By signing below I give consent for my child to be filmed and photographed by the official photographers and networks of the Saluki Swim Club under the conditions authored by the Club and give event organizers the right to use my child's name, picture, likeness, and biographical information before, during or after the period of my participation in the Club and its competitions to promote the Club and the competitions it sponsors.

X

signature

date