

2026 FALLING OAKS SWIM TEAM REGISTRATION & CONSENT FORM

Part 1 Swimmer, Parent & Meet Information

Name: _____ Birthdate: _____ Age as of June 1st: _____

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Name: _____ Birthdate: _____ Age as of June 1st: _____

Fees: 1 child: \$105.00; 2 children: \$165.00; 3 children: \$225.00; \$40/child after 3

Payment: Cash _____ Check (Check # _____) Paid Online _____

Parent/Guardian(s): _____

Parent email address(es): _____

Address: _____

Phone# _____

Alternate Emergency Name: _____

Emergency Contact Number: _____

Part 2 – Consent to Participate

I/We, the undersigned, parent(s) or guardian(s) of the above-named child(ren), do hereby give my/our consent for participation in the training and competitive meets of the Southwest Swim League on the Falling Oaks Swim Team, which will provide a supervised competitive swim program. I/We, the parent(s) or guardian(s) of the above child(den), do hereby give my/our approval for participation in all of the scheduled activities during the Falling Oaks Swim Team season. I/We do further release, absolve, and hold harmless the Southwest Swim League and the Falling Oaks Swim Team and the Officers and Coaches of both organizations.

In case of injury to my/our child(ren), I/we hereby waive all claims against the Southwest Swim League, the Falling Oaks Swim Team, and swim team organizers, sponsors, or any of the supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our child(ren) to and from activities. I/we also certify that my child(ren) is in good health and has no known disabilities which would keep him/her from participating this summer in the Falling Oaks Swim Team practices, meets and other activities.

Signature of Parent or Guardian _____

Date: _____

Part 3 Consent for Medical Treatment

In the event reasonable attempts to reach me at _____ (phone #) or other parent/guardian at _____ (phone #) have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist) or, in the event the designated preferred doctor or dentist is not available, by another licensed doctor or dentist and 2) the transfer of the child to _____ (preferred hospital) or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed doctors or dentists concurring in the necessity of such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted should be listed.

Signature of Parent or
Guardian _____

Date: _____

Part 4 Refusal to Consent ****Do not complete part 4 if you completed part 3****

I do not give my consent for medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Falling Oaks Swim Team to take no action.

Signature of Parent or Guardian _____

Date: _____

Part 5 Photo Release Authorization

I hereby authorize Falling Oaks Swim Team to publish the photographs of me and/or the undersigned minor children, and our names, for use in the Falling Oaks Swim Team's printed publications, website, and Falling Oaks Facebook page or other social media.

Signature of Parent or Guardian: _____

Date: _____

Names and Ages of Minor Children

Name: _____ Age: _____

Name: _____ Age: _____