

# TIGER SHARKS

## Chicago South Swim Club

P.O. Box 201422

Chicago, Illinois 60620-1422

[chicagosouthswimclub@yahoo.com](mailto:chicagosouthswimclub@yahoo.com)

Phone: (312) 409-3376

### INFORMATION & REGISTRATION (PLEASE PRINT)

SWIMMER'S NAME \_\_\_\_\_  
LAST FIRST

BIRTHDAY \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_  
LAST FIRST

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK/EMERGENCY \_\_\_\_\_

PARENT'S CELL PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

.....  
OFFICE USE

ENROLLMENT DATE \_\_\_\_\_

I.S.I. MEMBERSHIP YES \_\_\_\_\_ NO \_\_\_\_\_

SWIM LEVEL \_\_\_\_\_ LEVEL 1 \_\_\_\_\_ LEVEL 2 \_\_\_\_\_ LEVEL 3

\_\_\_\_\_ COMPETITIVE \_\_\_\_\_ HIGH SCHOOL

# CSSC SWIM CLUB

## MEDICAL RELEASE FORM

### SWIMMERS INFORMATION:

Swimmers Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Allergies, Medicines or Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Parent(s) / guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell phone(s): Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: Phone:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

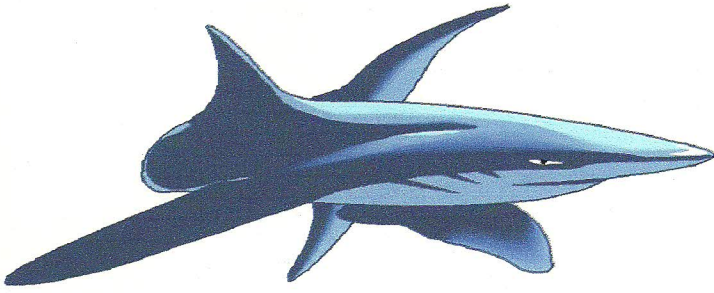
Hospital: \_\_\_\_\_

I, \_\_\_\_\_, as parent/ guardian of the above registered  
(print name here)

swimmer, recognize the possibility of serious physical injury associated with participation in the Chicago South Swim Club. I hereby consent to, and accept financial responsibility for, any emergency medical care prescribed by a duly licensed Doctor of Medicine or a Doctor of Dentistry. This care is authorized to be provided in any emergency, or under whatever conditions deemed necessary, to preserve the life, limb and well-being of the swimmer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This form to be available at all home events held at the Chicago South Swim Club and to be carried by any coach during transportation of swimmers to or from other venues.



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## RELEASE FORM FOR PHOTOGRAPHIC USE

Name of Swimmer \_\_\_\_\_

\_\_\_\_\_ I grant permission to use my child's photographic image for CSSC  
Promotional brochures, newspaper articles, web-site, and other related media.

\_\_\_\_\_ I do not grant permission for the use of my Child's photographic image.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

