

Minisink Valley Aquatics

Swimmer's name:

Last First Middle

Preferred Name: -----

Date of Birth: ____/____/____

Address: -----

City _____ State _____ Zip _____

Home # _____ Cell # _____

Work #: -----

Email: -----

Mother's Name:

Last First

Father's Name:

Last First

To be completed by MVA:

Group Level: SG DR TR ER Junior rays

Fee: \$ _____ Cash Check Credit card

Insurance: \$ _____ Work Bond: \$ _____

Payment: \$ _____ Ck# _____

Credit card authorization (Only if paying by credit card)

Name: -----

VISA MC Expiration Date: -----

CC # _____ - _____ - _____ - _____

Billing Zip Code: _____ Id Number _____

Amount Charged: \$ _____

* Work Bond will only be refunded after the Family has met all requirements. The Family must volunteer for 1 USA Home Meet and 4 ESSL Meets. Donations are not considered volunteer work. No exceptions will be made.

*By signing this registration form you agree to keep your financial account current and in good standing.

Emergency Contact information

In the event of an emergency, Minisink Valley Aquatics will make every effort to contact a parent or guardian. However, we ask that you also provide names of family or friends to act on your behalf in case you can't be reached.

Name: -----

Relationship: _____ # _____

Name: -----

Relationship: _____ # _____

****Swimmers will be registered with US Swimming, as secondary insurance coverage. Any incident regarding an injury during a scheduled team activity needs to be brought to the attention of the coaching staff IMMEDIATELY and followed up in writing within 24 hours to the Board of Directors.**

Medical disclaimer

Insurance CO: -----

Policy and Group #: -----

Physician: -----

Phone #: -----

Allergies: -----

Medical conditions: -----

Medications: -----

****If your child has a significant medical condition related to respiratory, cardiac and or neurological conditions, a medical clearance from the child's physician must be obtained prior to starting practice.**

I, _____ do hereby advise Minisink Valley Aquatics that my child is in good health and is capable of participating in a competitive swim program.

I DO I DO NOT Give my consent that photos of my child involved in MVA Swim Club activities can be taken and used for marketing purposes

* Unless you notify us, your contact information will be used by a parent liaison to activate a phone chain in case of practice cancellations, meet cancellations or any other information deemed important by MVA Club

Code of Conduct

I recognize my responsibility to abide by the Code of Conduct and rules of the Club. I am representing and I acknowledge that I have read the Code of Conduct and Rules of Minisink Valley Aquatics.

Parent/Guardian

Signature -----

Date: -----