



## FOCUS Swim Club \* Fall 2010 Registration Form

**Swimmers must be at least 5 years of age and be able to swim one length of the pool (25 yards) with minimal floatation. Coach to swimmer ratio will be at minimum 1:4.**

Swimmer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list any medical, physical, cognitive, social or emotional challenges that your swimmer has: \_\_\_\_\_  
\_\_\_\_\_

Is there anything else that the coaching staff should be aware of or that might assist them to be more effective when working with your swimmer? \_\_\_\_\_  
\_\_\_\_\_

**Please check all the practices that your child plans to attend:**

- Friday @ YMCA Summit Newnan 4-5pm \_\_\_\_\_
- Friday @ Mountain View Aquatics Center 4:30-5:30pm \_\_\_\_\_ (warmer pool)
- Friday @ Mountain View Aquatics Center 5:45-6:45pm \_\_\_\_\_ (lap pool)
- Saturday @ Marcus Jewish Community Center 10-11am \_\_\_\_\_
- Sunday @ Swim Atlanta Cumming 3:00-4:00pm \_\_\_\_\_
- Sunday @ Swim Atlanta Roswell 5:30-6:30pm \_\_\_\_\_
- Sunday @ Swim Atlanta Johns Creek 5:30-6:30pm \_\_\_\_\_

**Payment included of:**

1 practice x \$180

2 practices x \$280

\*Make check payable to FOCUS and send to: 3825 Presidential Pkwy, Suite 103, Atlanta, GA 30340

**Please read and sign the consent below:**

I, \_\_\_\_\_, acting on behalf of my child \_\_\_\_\_, consent to his/her participation in the FOCUS Swim Team for Kool Kidz, adaptive swim team program. I understand that participation in such a sports program involves risk of injury and agree to assume these risks on behalf of my child. I attest to the fact that my child is healthy and in condition to participate in this program. I agree to hold harmless FOCUS and all of its staff, including employees and contractors, and the staff members and employees of all the aquatic facilities (World's Gym, Mountain View Aquatic Center, Central Aquatic Center, Swim Atlanta John's Creek, Swim Atlanta Roswell) harmless for any injury that might occur. I consent to the taking of pictures or video to be used in celebration or promotion of the program. I understand that the swimmer's valuables and personal belongings are my responsibility and that neither FOCUS nor any of the facilities as mentioned above shall be responsible or liable for any loss, theft, misplacement or damage of personal belongings.

By signing this form, I acknowledge that I have read and understand the contents and am competent to execute it on behalf of my child.

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