

2024 SEA MONKEY REGISTRATION FORM

The following information will be used as emergency medical information and used in the team roster.

****Please fill out completely along with your payment, consent and release form and a signed wavier form.**

Swimmer Name (list up to 4 swimmers) _____ Date of Birth _____ Sex _____ Age (as of 6/1/2024) _____ T-Shirt Size _____
(list A or Y with size)

Swimmer #1 _____

Allergies/Medications: _____

Swimmer #2 _____

Allergies/Medications: _____

Swimmer #3 _____

Allergies/Medications: _____

Swimmer #4 _____

Allergies/Medications: _____

Swimmers' Address _____ Home Phone # _____

Mom/Guardian Name _____ Mom/Guardian Cell _____

Dad/Guardian Name _____ Dad/Guardian Cell _____

Parent/Guardian Email Address _____

Parent/Guardian Email Address _____

IF NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:

Name _____ Phone # _____ Relationship _____

The undersigned, being a parent or legal guardian of the above named child who has registered in the Strongsville Recreation Swim Team through the City of Strongsville, hereby give approval of his/her participation in the activity of the recreation program set forth above during the summer of 2024.

In consideration of the City of Strongsville and the Recreation Department granting permission to my child to engage in such recreational activity, the undersigned on my own behalf of the minor child does hereby waive, release, save and hold harmless and indemnify the City of Strongsville, the Recreation Department, their officers, organizers, employees, agents, sponsors, and persons transporting my child to or from such recreational activity for any or all claims for damage for personal injury to my child or loss of property which may be caused by any act or failure to act on the part of the City of Strongsville, the Recreation Department, their officers, organizers, employees, agents, sponsors, and persons transporting my child to or from such recreational activity.

The undersigned further assumes the risk of all dangerous conditions in and about the City of Strongsville and its Recreation Department property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any.

FOR OFFICE USE ONLY

Fees: Member/ \$180 Membership # _____
Non/Member \$210
Multi. Child Discount - \$10 for each additional child on the swim team

Check No. _____ Checks Made Out To: City Of Strongsville

Credit Card Information (Visa, Discover, or MasterCard)

Name on card _____ Expiration Date _____

Card Type _____ Card No. _____ CVC: _____

Parent Volunteer Agreement

We understand the league runs on volunteers and will fill our family's volunteer positions. We understand that if we do not sign- up and fulfill our volunteer positions our swimmers will not be allowed to participate in the following meet.

Signature of parent/guardian _____ Date _____