West Coast Stroke Clinic
Registration Form Winter - 2011

Parent/Guardian Name: _____ E-Mail Address: _____

Primary Applicant's Name _____ ___ _____ M / F DOB_____ Age ___
(First) (Initial) (Last)

Second Applicant's Name _____ ___ _____ M / F DOB_____ Age ___
(First) (Initial) (Last)

Third Applicant's Name _____ ___ _____ M / F DOB_____ Age ___
(First) (Initial) (Last)

Fourth Applicant's Name _____ ___ _____ M / F DOB_____ Age ___
(First) (Initial) (Last)

Mailing Address _____ **Home Telephone** _____
(Street) (City) (Zip)

2011 Winter Clinic Registration Fees
When: November 14, 2011 thru January 27, 2012
Where: CSD-EDH Pool

Per Household	Registration Fee	Totals	Total Paid (cash or checks only)
Swimmer 1	$330		
Swimmer 2	$330		
Swimmer 3	$330		
Totals		**Amount Due:**	

West Coast Swim Shop Consent for Medical Treatment and Limitation of Liability (please initial)

A. _____ If you cannot contact me, as the parent or legal guardian of the Applicant's, I hereby consent to the administration of emergency medical care to the Applicant as prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given as necessary to preserve the life, limb and well being of the Applicant's listed above.

B. _____ I hereby consent to the Applicant's participation in any and all activities relating to West Coast Stroke Clinic including both formal and informal, practices, social events and transportation to and from these activities.

C. _____ To the best of my knowledge, the Applicant's listed above are in good physical and emotional condition and health such that there are no restrictions on the Applicant's ability to participate in any of the activities of the West Coast Stoke Clinic, including but not limited to games, practices, social events and transportation to and from said activities. Please list medical condition:_____

D. _____ I hereby expressly assume all risks and hazards associated with the Applicant's participation of West Coast Stoke Clinic, waive and release the West Coast Swim Shop/West Coast Stroke Clinic Coaches from all liability for said risks and hazards, and agree to defend, indemnify and hold West Coast Swim Shop/West Coast Stoke Clinic harmless from and against any and all claims, actions, damages, liabilities, costs and expenses (including attorney's fees and legal costs) arising from or in any way connected with Applicant's participation within West Coast Stoke Clinic. For purposes of this paragraph D, the term "West Coast Swim Shop/West Coast Stoke Clinic" includes each of the following individuals and entities: the Team employees and volunteers; each member of the team and its, supervisors, coaches (Tim McCormick, Julia Roos, Cathi Schoonmaker) members, parents, volunteers and participants of every type; and each member team's sponsoring club or entity.

Note: Coaches have the right to make group changes amongst what they feel is right for the swimmer based on age and ability. There will be "No Refunds" after the first session to take place November 14, 2011.

Thank you for attending our 2011/2012 Winter Swim Clinic.

_____ _____ _____
(Date) **(Signature of Parent or Guardian)** **(Printed Name of Parent or Guardian)**