

## R & R Aquatics

Spring Stroke Clinic Registration 2010

\$50 per swimmer

NO REFUNDS AFTER WEEK 2 OF CLINIC

### Requirements:

1. Each swimmer must be able to swim across the pool with proper freestyle breathing technique (breathing to the side).
2. Each swimmer must have the endurance to participate for the entire time of instruction

**Each swimmer will be evaluated on their swimming abilities. The coaches will have the final decision as to whether the swimmer meets the requirements for participation.**

### Swimmers:

Name	Sex	Age	Birthdate	Medications/Allergies

Address: \_\_\_\_\_  
 \_\_\_\_\_, TX \_\_\_\_\_

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

Father's name \_\_\_\_\_

Phone # \_\_\_\_\_

Mother's name \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone # \_\_\_\_\_

Doctor's name \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance company \_\_\_\_\_

Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

\_\_\_\_\_ I understand that my child/children will be evaluated on his/her swimming abilities and that the initial coaches have the final decision as to whether my child meets the requirements for participation.

\_\_\_\_\_ I understand that any misconduct on the part of my child/children may result in disciplinary action initial up to and including suspension.

**I understand that participation in the R&R program is completely voluntary, and I do not hold R&R, Lamar CISD, or the coaching staff and all involved, liable in case of an accident traveling to and from or during participation in scheduled activities of the organization. In case of emergency, I give R&R Aquatics permission to provide any and all emergency treatment necessary.**

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**R&R use only**

Check #	Cash	Receipt #	Initial
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