

Kemp Mill Kangaroos 2009 Swim Team Registration

Use this form for 'Roos and Returning Joey's Only! Pre-Team tryouts: June 1, 2, 3 & 4

Family Name:	Parent's/Guardian's First & Last Name(s):
Address:	Home Phone:
	Office Phone #1:
	Office Phone #2:
E-mail address #1:	Cell Phone #1:
E-mail address #2:	Cell Phone #2:
Emergency Contact #1:	Phone:
Relationship:	Cell Phone:
Emergency Contact #2:	Phone:
Relationship:	Cell Phone:
Insurance Carrier:	Policy #:
Primary Care Physician:	Phone:

IN LOCO PARENTIS AUTHORIZATION

In the event (I or my spouse)(am/is) not present during a swimming instruction session involving (my/our) child, _____, (I/we) authorize the KMSC, Inc.'s swimming instructor, or manager or assistant manager to act **IN LOCO PARENTIS**, that is, as (my/our) exclusive agent with respect to deciding whether (my/our) child, _____, is able to complete safely a training session or a swimming competition, and also for the purpose of obtaining emergency medical service including transportation to a hospital in Montgomery County, Maryland. This agreement and authorization applies to any practice, swim meet, or any other activity involving the swim team for which (I or my spouse/child's guardian) (am/is) not present.

(I/We) also agree to pay all costs arising out of the emergency medical service, including transportation, which KMSC, Inc.'s swimming instructor, or manager or assistant manager may authorize under this agreement for the benefit of (my/our) child, _____. In the event a dispute regarding costs arises between (me/us) and either the ambulance operator or the hospital, or both, under this authorization, (I/we) shall have no recourse against KMSC, Inc., or any of its employees, agents, management, or directors. The Child/Children listed herein is/are in good health and has/have permission to swim on the KEMP MILL SWIM TEAM season. The KEMP MILL SWIM CLUB, Inc., its officers, coaches, and all its members are released from all claims for any injury sustained in connection with any swim meet or practice or will traveling to or returning from a swim meet.

PARENT OR GUARDIAN'S Signature(s): _____ DATE: _____

ABSENCES REPORT

Fill in each name of your swimmer(s) and place a mark under the dates he/she will miss a meet.

Swimmer's Name(s)	Time Trials & photo 6/14	B Meet 6/17	A Meet 6/20, away	B Meet 6/24	A Meet 6/27, home	B Meet 7/1	Relays 6/28-7/12, TBD	A Meet 7/4, away	B Meet 7/8	No Absences
1.										
2.										
3.										
4.										

Swimmer's Name(s)	A Meet 7/11, home	Mini-meet 7/12, home	Long Course 7/14	B Meet 7/15	A meet 7/18, away	Divisionals 7/19, TBD	Team Banquet 7/26	All-Star Relays 8/1, away	Individual All-Stars 8/2, away	No Absences
1.										
2.										
3.										
4.										

PAYMENT RECORD

(Fees: 1st Child \$35; 2nd Child \$30; \$25 for each additional child.)

Swimmer's Name	Birth Date	Fee	Amt. Paid
1.		\$35	
2.		\$30	
3.		\$25	
4.		\$25	
Add \$10 for the Kangaroo Kafé Start-up Fee		\$10	\$10
Total:		\$	

Fill out all sections of this form and mail it with team payment only by May 1 to

Mary Crowley, KMSC Team Rep

701 Horton Drive

Silver Spring, MD 20902-3010

Questions: [EditWrite3@comcast.net](mailto>EditWrite3@comcast.net) . All families must join the team listserv at <http://groups.yahoo.com/group/KempMillSwimClub> .