

RAMS SWIMMING CLUB

WWW.RAMSSWIMMING.COM

New Swimmer Application

Please e-mail this form to swimrams@cox.net or bring this with you to try-outs. This will help us out a great deal during the evaluation period at tryouts.

Name: _____ Age: _____

Address: _____

Contact Phone #: _____ Contact E-Mail Address: _____

Your Personal Swimming Background: (Anything which relates to your swimming experience in the past, please list all experiences.)

Favorite 3 Events: (with Times if Applicable)

1. _____

2. _____

3. _____

Other Information:

Emergency Medical Release

I (we) hereby give our permission for _____ to participate in practice and meets with the RAM Swimming Club throughout the current season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches working with the group personally liable for any accident which may occur.

In case of a minor emergency to our child (cuts, scratches, headache, etc) I (we) give permission to the coaches to treat these as they deem necessary. In the event of a more serious injury, I give permission for it to be handled in the best manner as determined by the chaperons or coaches of RAMS until I am able to be contacted.

Signature of Parent or Guardian: _____ Date: _____