



2017 FLORENCE HAMMERHEADS AQUATIC MEMBERSHIP REGISTRATION FORM

NAME: _____ MALE: _____ FEMALE: _____ BIRTHDATE: _____

NAME: _____ MALE: _____ FEMALE: _____ BIRTHDATE: _____

NAME: _____ MALE: _____ FEMALE: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE:(859) _____ E-MAIL ADDRESS: _____

PARENT/GUARDIAN'S NAME: _____ PHONE: _____

FEE: _____ **\$50/CHILD** _____ **\$45 for 2nd CHILD in same Family** _____ **\$40 for 3rd CHILD in same Family**

I as parent or guardian of the minors listed above agree to let my child(ren) participate in the City of Florence's Swim & Dive Team program at their own risk and recognize there are risks involved including physical injuries and I will pay for all medical expenses incurred and agree to indemnify and hold harmless the City of Florence, its elected officials, employees, the instructors, fellow participants and others affiliated with the program from any and all liabilities, claims demands, actions or causes of actions resulting from physical injuries out of their participation. I have read and understand the nature of this waiver.

Parent/
Guardian Signature _____ Date _____

OFFICE USE ONLY Payment: Amt. _____ Cash or Check # _____ Date _____
Credit Card: MC _____ VISA _____ AE _____ DISC _____ Card# _____
Exp. Date _____ CVV Code _____ Signature _____