

**Our Lady of Good Counsel
Catholic Youth Swim League
2013 – 2014 Registration, Medical Release & Waiver Form**

I give my child(ren) _____
 permission to become a member in all activities of the Our Lady of Good Counsel (OLGC) Catholic Youth
 Swim League (CYSL) **Swim Team**. I do further hereby release, absolve, indemnify and hold harmless the
OLGC CYSL Swim Team, its officials, directors and volunteers of said team from any actions, demands,
 claims or suits which my child(ren) or I, as a parent or guardian have or might have for any damages or injury
 to my child(ren) as a result of being a member of the **OLGC CYSL Swim Team**.

Please Print the Following Information

Parent/Guardian: _____
Address: _____
Email Address: _____
HomePhone Number: _____
Dad's Work Phone Number: _____
Mom's Work Phone Number: _____
Dad's Cell Phone Number: _____
Mom's Cell Phone Number: _____
Emergency Contact Emergency Phone Number: _____

In case of emergency I give my permission to contact the nearest medical care available in order to apply such
 medical services as are necessary for the well being of my child. The permission includes authority to transport
 my child(ren) to a place where such care is available. ___ Yes ___ No

I certify that my child(ren) is/are covered under a medical insurance plan. ___ Yes ___ No

I certify that my child(ren) is/are able to swim one length of the pool safely. ___ Yes ___ No

My child(ren) attend(s) the parish school or PREP program. ___ Yes ___ No

If no, what school does your child(ren) attend(s)? _____

I certify that I am a member of the OLGC parish or my child(ren) attend(s) the parish school or PREP
 program. ___ Yes ___ No

Name	Age	Date of Birth	M/F	Grade/Classroom

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Do you reside within the Centennial School District? Yes No

Have you attended a Safe Environment Training Session? Yes No

I have received and signed a Release of Liability for Minor Participants listing each registrant? Yes No

I have received and signed a Medical Release and Waiver for each registrant? Yes No

Do you have any additional questions/concerns that you would like Coach Pete to call you to discuss?
 Yes No

If Yes: _____

Name: _____

Number you could be reached at: _____

I give my full consent to the OLGC CYSL and any licensed medical professionals to administer whatever emergency treatment is necessary for my child in the event of an unforeseen injury or illness. I acknowledge that my child has no known allergies or medical conditions except as noted below (If "none", state "none"):

I confirm that my child is covered by medical insurance and that the provision of such insurance is a requirement for my child's participation in OLGC CYO athletic activities.

Doctor's Name/Phone #: _____

Name of Medical insurer: _____ Group # _____

Policy # _____

I have read and understand the information and registration forms for the OLCG Swim Team.

Parent / Guardian Signature: _____

LIFEGUARDS

If you are interested in being a lifeguard please email Joanne Gori@ <mailto:joanneandpete@verizon.net>