

Member # \_\_\_\_\_



# Country Club of Hudson

## SWIM TEAM APPLICATION

I hereby apply for reservation for my son or daughter.

Swim team experience not required. There will be a member charge of \$140.00 per swimmer.

Swimmer's Name	T-Shirt Size	Sex	Birth Date	Age as of 5/31/17	Member of Swim Team Last year	What year did each begin CCH swimming?
	Youth: S M L XL Adult: S M L XL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Youth: S M L XL Adult: S M L XL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Youth: S M L XL Adult: S M L XL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Youth: S M L XL Adult: S M L XL				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent's Name: \_\_\_\_\_

Child/Children's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Alternative Emergency Contacts

Primary Emergency Contact

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone Work Phone

Secondary Emergency Contact

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone Work Phone

Address

City, ST ZIP Code

Address

City, ST ZIP Code

**\*\*Please Complete and Return to CCH by FRIDAY, MAY 12\*\***

**--Over--**

**Medical Information**

Hospital/Clinic Preference

Physician's Name Phone Number

Insurance Company Policy Number

Allergies/Special Health Considerations:

Medications that my child **CAN NOT** take:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/grandparent can be reached in the case of an emergency.

Parent's Signature Date

I give permission for my child to attend all appropriate away swim meets. I release The Country Club of Hudson and individuals from liability in case of accident during activities related to The Country Club of Hudson, as long as normal safety procedures have been taken.

Parent's Signature Date

**SWIM TEAM VOLUNTEER INFORMATION**

Please choose at least TWO dates in which you can help at our home swim meets. Volunteers are needed for lane timers, runners, and scoring. If we have full volunteer participation, only a one meet commitment will be required.

**Duties:**

- Timer – Use a stopwatch to record the swimmer's time.
- Scorer – Assist a coach in manually scoring the meet using the league point system
- Runner – Take time cards to the guard office after each event

A volunteer schedule will be posted at the pool and emailed prior to the meet as a reminder. Your participation is greatly appreciated and essential for a successful and enjoyable swim season. Thank you!

**Please indicate the TWO dates you are willing to help:**

- \_\_\_\_\_ **June 7, 2017 - Green and White Meet**
- \_\_\_\_\_ **July 28, 2017 – vs. Portage**
- \_\_\_\_\_ **July 12, 2017 – vs. Shady Hollow**
- \_\_\_\_\_ **July 19, 2017 – vs. Lake Forest**

**\*\*Please Complete and Return to CCH by FRIDAY, MAY 12\*\***