

Quick Print Registration

PURPLE RAIDER SWIM CLINIC REGISTRATION FORM

(One Swimmer per form. You may duplicate this form for multiple swimmers and pay with a single check. \$40 for first clinic per swimmer (\$105 for all 3).

Early Application is Recommended—Space is Limited

Select Clinic by checking the appropriate line(s)

Butterfly & Breaststroke, Sun Sept. 15 (\$40)

Freestyle & Backstroke, Sun Sept. 22 (\$40)

Starts, Turns, & Underwater Travel, Sun Sept. 29 (\$40)

= Total

All 3 Sessions (\$105) - Save \$15

Full Name & Preferred First Name: _____

Gender: _____ 50 yd Freestyle time: _____

Street: _____

City: _____ State: _____ Zip: _____

Email (for confirmation): _____

Daytime Phone: _____ Evening Phone: _____

Swim Team Name: _____

Checks Payable to: University of Mount Union

Mail to: Eric Mojock, University of Mount Union, MAAC, 1972 Clark Ave, Alliance, OH 44601

MEDICAL RELEASE FORM

Please complete the Registration Form on the front as well as the medical/liability statement below.

MEDICAL/LIABILITY RELEASE

This is to certify that my child, _____, has had a physical examination within the last six (6) months and is free from all illnesses, injuries or defects which would inhibit any participation in the activities of the Purple Raider Swim Clinic.

I hereby authorize the staff of the Purple Raider Swim Clinic to act according to their best judgment in situations requiring first aid or medical attention. I hereby waive and release the Purple Raider Swim Clinic, its staff, and the University of Mount Union from any and all liability for injury incurred by my child while at the clinic.

Parent or Guardian Signature: _____ Date: _____

In case of emergency, please contact:

Name: _____ Phone: Day- _____ Evening- _____