

Name _____ Age _____ Grade _____

Male Female

Address _____ City _____ School _____

T-Shirt Size:

YS (6-8) YM (10-12) YL (14-16) S M L XL 2XL

Special Requests:

Primary Contact: _____ Relationship: _____

Phone #: _____ Email: _____

Secondary Contact: _____ Relationship: _____

Phone #: _____ Email: _____

Please list any physical , learning or emotional challenges or limitations and /or medications the coaches need to know about.

••Volunteer Support ••

Coach Asst. Coach Name _____ Shirt Size _____

••Team Sponsor ••

Please provide your contact information if you are interested in being a sponsor (Fee \$125.00).

Name _____ Company _____

Phone _____ Email _____

••Registration Fees••

The HCC reserves the right to charge up to a \$50 fee for any returned check

First Child: \$35.00 Second Child: \$55.00 Three or More: \$60.00

Checks - Payable to "HCC"

- Check \$ _____ # _____
- Cash \$ _____
- On-Line \$ _____
- Amt. Due \$ _____
- Waived

Registration forms can be mailed to:
Huntingdon Community Center
P.O. Box 424
Huntingdon, PA 16652

****Please see second page for Consent/Signatures****

Consent for Participation

I the parent/ guardian of _____ (the registrant) , a minor, agree that the registrant and I will abide by the rules/ guidelines of the HCC it's affiliated organizations and sponsors. Recognize the possibility of physical injury associated with the swimming program and in consideration for the HCC, accepting the registrant for its programs and activities. I hereby release, discharge and or otherwise indemnify the HCC, its affiliated organizations and sponsors, there employees and as- sociated personal, including the owners of facilities utilized for the program against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and or being transported to or from the same, which transportation I here- by authorize. Further permission must be granted by the HCC for the registrant without insurance coverage to participate.

Consent for Minor Medical Treatment

As a parent or legal guardian of the above participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry . This care may be given under whatever conditions are necessary to preserve

Print Name

Signature

Date

Medical Insurance: YES No

Doctor Name _____

Phone _____

(Participation will not be denied based on whether or not participant is insured)

(Initial)

●●Photo/Video Consent●●

_____ I/We GRANT permission for my child to have his/her photo/video taken and published on the HCC Programs public internet site or any other type of media.

_____ I/We DO NOT GRANT permission for my child to have his or her picture/image taken and published on the HCC Programs public internet site or any other type of media.