

*For boys and girls ages 4 up to and including those not turning 7 until after September 1, 2018.*

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ ☐ M ☐ F

Address \_\_\_\_\_ City \_\_\_\_\_ School \_\_\_\_\_

T-Shirt Size : ☐ YS (6-8) ☐ YM (10-12) ☐ YL (14-16) ☐ AS ☐ AM ☐ AL ☐ AXL ☐ 2XL

Special Requests (Include days/times can't practice, transportation, etc):

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 ••**

*One choice is required for each family. You may not be called upon but EVERYONE must indicate a willingness to support the program in some way.*

☐ Coach ☐ Asst. Coach Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

☐ Team Parent ☐ HCC Board

**\*\*Coaches must submit Child Abuse and Criminal Background checks prior to first practice\*\***

**••Team Sponsor ••**

Please provide your contact information if you, or someone you know is interested in being a sponsor (Fee \$125.00).

Name \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Logo's already at Parks Design & Ink will automatically be used. First-time sponsors, please contact Parks with your logo.

**••Registration Fee••**

**Note:** 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 \$ \_\_\_\_\_

☐ Amt. Due \$ \_\_\_\_\_

☐ Waived

**Registration forms can be mailed to:**

Huntingdon Community Center

P.O. Box 424

Huntingdon, PA 16652

**\*\*Please see second (or back) 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 associated 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 hereby 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)

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

### ●●Photo/Video Consent (Please initial)●●

\_\_\_\_\_ 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.