



**FINANCIAL OBLIGATION**

As parent/guardian of the above swimmer(s), I agree to fulfill all financial obligations to the Chicopee Amberjacks Swim Team, including as follows:

- 1. Dues (including a \$50 non-refundable fee).
- 2. Each swimmer is responsible for participating in fundraising or, if you prefer, you may donate the cash profit in lieu of sales.

I understand that Dues must be paid in full by the due date in order for my child to participate.

I further understand that all other financial obligations must be paid in full before Championships in order for my child to participate in Championships.

I am aware that payment plans may be arranged through the Treasurer and any balances, if left unpaid, will be due in full before the above swimmer(s) will be allowed to swim another season.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Chicopee Amberjacks Swim Team  
Medical Release Form**

Please list all conditions, even minor ones, including learning disabilities which might assist the coaching staff in working with your child.

1.) Swimmer Name \_\_\_\_\_ Medications \_\_\_\_\_

Illnesses /Allergies/Other Health Conditions: \_\_\_\_\_

2.) Swimmer Name \_\_\_\_\_ Medications \_\_\_\_\_

Illnesses /Allergies/Other Health Conditions: \_\_\_\_\_

3.) Swimmer Name \_\_\_\_\_ Medications \_\_\_\_\_

Illnesses /Allergies/Other Health Conditions: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (Minor)**

As the parent or legal guardian of the herein-named minor, I hereby give 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 the life, limb or well-being of my dependent.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Consent Form: I hereby give permission for my child(ren) to be a member of the Chicopee Amberjacks Swim Team, and for consideration received, I hereby agree not to initiate any action on behalf of my child(ren) for claims arising out of their said participation in said Chicopee Amberjacks Swim Team. I understand and voluntarily agree that the above include liability of both the Chicopee Amberjacks Swim Team and their instructor(s) in relation to rides to and from said activities, and swimming activities which include practices and meets, and all other related incidental activities.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR OFFICE USE ONLY

<u>FOR OFFICE USE ONLY</u>			<u>Dues</u>			
3 Signatures	Code of Conduct	Registration Fee	Fundraiser	1 <sup>st</sup> PMT	2 <sup>nd</sup> PMT	PIF
Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	Date _____
Recv'd \$ _____	Recv'd \$ _____	Recv'd \$ _____	Recv'd \$ _____	Recv'd \$ _____	Recv'd \$ _____	Recv'd \$ _____
Cash _____	Cash _____	Cash _____	Cash _____	Cash _____	Cash _____	Cash _____
Check _____	Check _____	Check _____	Check _____	Check _____	Check _____	Check _____
Initial _____	Initial _____	Initial _____	Initial _____	Initial _____	Initial _____	Initial _____