



## ATHLETE REGISTRATION FORM (2018)

### ATHLETE INFORMATION

<b>Athlete's Name:</b>			<b>Preferred Name:</b>
<b>Gender:</b>	<b>Age:</b>	<b>DOB:</b>  <i>(mm/dd/yyyy)</i>	<b>MCP:</b>
<b>Address:</b>			
<b>Town:</b>		<b>Postal Code:</b>	
<b>Email:</b>		<b>Phone Number(s):</b>	
<b>Legal Guardian(s)/Parent(s):</b>			

### EMERGENCY CONTACT / MEDICAL INFORMATION

<b>Emergency Contact Name(s):</b>
<b>Emergency Contact Number(s):</b>
<b>Allergies:</b>
<b>Medical Information/Concern:</b>

### MANDATORY TEAM CLOTHING ORDER

<b>T-SHIRT SIZE:</b> Youth S M L    Adult S M L XL 2XL (please circle)		<b>\$14.00</b>
<b>Name on Shirt (<i>Print Clearly</i>):</b>		<b>Name on Bag:</b>
<b>Team Swim Bag (\$25):</b> Y N		<b>Team Swim Cap Issued:</b> Y N
<b>Registration Fee (\$134)</b>		<b>Swim NL Insurance Fee (\$27)</b>

**OFFICE USE ONLY:**  
 Registration Fee \$134 PD:  
 Insurance Fee \$27 PD:  
 Team Clothing:



# Photo/Video Release Form

## GFW Gators (2018)

Permission to use Photographs/Videos,

I grant to GFW Gators, it's representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize GFW Gators, it's assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that GFW Gators may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understood the above.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

GFW Gators Signature: \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(If under 18)

I agree     I disagree

OFFICE USE ONLY:  
Registration Fee \$134 PD:  
Insurance Fee \$27 PD:  
Team Clothing: