

Pool Member Form
Arden Swim Team Forms

SWIM TEAM ENROLLMENT FORM

Bondholder name: Phone Number
Bond number: e-mail address:
daytime phone

Table with 3 columns: NAME, AGE AS OF JUNE 1, \$ DUE. Rows for 1st child, 2nd child, 3rd child.

Concession fee (if you will not be bringing baked goods/food to sell) \$15
In lieu of additional fundraisers, I'd rather give a donation (i.e., \$15)
(Optional) Arden Shark Team Bathing Cap \$5

Checks to "Arden Swim Team" Swim Team Total
Please mail to: Keri Del Tufo, Arden, DE 19810

PLEASE WRITE CHILDREN'S NAMES CLEARLY - EXACTLY AS YOU'D LIKE ON THE TROPHY.

PERMISSION SLIP FOR DRYLAND EXERCISES
OUTSIDE OF POOL (i.e., Buzzware field)

I give permission for the Arden Swim Team coaches periodically to take my child(ren),
needed for dryland exercises to the Buzzware Field or other nearby area.

(parent/guardian signature)

(print name)

(date)

VOLUNTEER INTERESTS

Are you interested in joining the Swim Team Committee?

We are especially looking for a Co- Swim Team, a Social Events Coordinator, and anyone to organize a fundraiser
Please list here if you are willing to help out:

(name)

(name)

Positions willing to help with: co-swim team parent Fundraisers (please list what):
Social Events Coordinator NBSL rep or co-representative\*
Swim Team Committee Other (please list):

\*NBSL is the North Brandywine Swim League, of which Arden is a member.
(sign-up sheets for meet volunteering will be at parent night and then on the board)

Arden Swim Team Medical Release

Last name: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Birthdate: \_\_\_/\_\_\_/\_\_\_ Home phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contacts in event of illness or injury

- 1. Name: \_\_\_\_\_ relationship: \_\_\_\_\_  
Phone numbers:  
Home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ relationship: \_\_\_\_\_  
Phone numbers:  
Home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Emergency information

Insurance company \_\_\_\_\_ Policy holder \_\_\_\_\_  
Policy number \_\_\_\_\_ Group Number \_\_\_\_\_  
Family physician \_\_\_\_\_ Phone number \_\_\_\_\_  
Hospital preference \_\_\_\_\_

Does your child have any serious medical conditions (i.e. allergies, asthma, diabetes, seizures) or take any emergency medication that coaching staff or emergency medical personnel should be aware of in order to provide care? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Date of most recent Tetanus booster \_\_\_\_\_

The following procedure will be followed if your child experiences sudden illness or injury. 1) A coach will call the emergency contacts. 2) If a parent can not be reached an ambulance will be called in order to transport the swimmer to a local hospital 3) A coach will continue to try to contact the parents and family physician if no one is reached. In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel

\_\_\_\_\_  
Parent/Guardian Signature Date