OCCC Swim Team   
Old Church Community Center, PO BOX 182, Mechanicsville, VA 23111  
Otter’s Swim Team 2021

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mother’s Phone and Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Phone and Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we place your contact information in the OCCC swim team directory? YES NO

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| --- | --- | --- | --- | --- | --- |
| Swimmers’ name  (FIRST, MI, LAST**)** | Name as it should appear on trophy | SEX  M/F | DOB  (M/D/YR) | FEE | T-SHIRT SIZE (eg. YL or AL) |
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Early Bird Registration postmarked by 4/23/2021 First swimmer $100, each additional swimmer $75 each  
Regular Registration postmarked by 5/24/2021 First swimmer $125, each additional swimmer $75 each  
Late Registration after 5/24/2021, unless eval needed, First swimmer $150, each additional swimmer $75 each  
Mail payment to OCCC swim team or Venmo to @OCCCMembership (memo: Swim Team Dues: your family name, and number of swimmers)

**MEDICAL INFORMATION AND RELEASE**

PEDIATRICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWIMMER’S MEDICATIONS and/or ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL CONDITIONS and/or DISABILITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Medical Authorization**

In case of emergency, I hereby authorize the doctor (and whomever they designate as their assistance), or the hospital to which my child may be brought, to perform any emergency procedure or surgery and to give treatment and the administration of an anesthetic to my child during his or her enrollment in the OCCC swim team. In emergency situations if parents/guardians can’t be contacted, this form is vital. This authorization will only be used when absolutely necessary, after attempts to contact parents have failed. Medical professionals may refuse to give treatment unless they have parental/guardian authorization. Time is crucial. This authorization will be kept on file for the duration of the swim season.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release Authorization**

I hereby grant consent for the OCCC swim team to use my child’s photograph for publicity and advertising content including, but not limited to, newsletters, flyers, posters, brochures, advertisements, and web content.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_