

# 2024 OCCC Swim Team

Old Church Community Center, PO BOX 182, Mechanicsville, VA 23111

Parent's Name: \_\_\_\_\_

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

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

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

| Swimmers' name<br>(FIRST, MI, LAST) | Name as it should appear on<br>trophy | SEX<br>M/F | DOB<br>(M/D/YR) | FEE | T-SHIRT SIZE<br>(ex. YL, AL) |
|-------------------------------------|---------------------------------------|------------|-----------------|-----|------------------------------|
|                                     |                                       |            |                 |     |                              |
|                                     |                                       |            |                 |     |                              |
|                                     |                                       |            |                 |     |                              |
|                                     |                                       |            |                 |     |                              |
|                                     |                                       |            |                 |     |                              |
| Optional \$50 Concession Donation   | ----->                                | --         | ----->          |     |                              |
| Total Amount (Include Check #)      | ----->                                | -->        | ----->          |     |                              |

Early Bird Registration postmarked by 4/26/2024 First swimmer \$100, each additional swimmer \$75 each  
 Regular Registration postmarked by 5/21/2024 First swimmer \$125, each additional swimmer \$75 each  
 Late Registration after 5/21/2024, First swimmer \$150, each additional swimmer \$75 each

Non cash or check payments will incur a 3.5% fee. To process your payment, please send your registration to [OCswimteam@gmail.com](mailto:OCswimteam@gmail.com) and you will receive an invoice.

## 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: \_\_\_\_\_