



2018 KSTC Crocodiles Registration Form

Mail to: KSTC - Swim Team
 C/O Towne Properties
 11340 Montgomery Road, Suite 202
 Cincinnati OH, 45249

Athlete's Last Name	Athlete's First Name	Sex (M/F)	DOB	Age on 6/1/2018	Swim	Dive	T-Shirt Size*

**Specify Youth or Adult Sizes (YXS, YS, YM, YL, YXL, AXS, AS, AM, AL, AXL)*

Parent/Guardian Name	E-mail Address	Mobile Phone	
		() -	
Address		Alternate Phone	
		() -	
Parent/Guardian Name	E-mail Address	Mobile Phone	
		() -	
Address		Alternate Phone	
		() -	
Emergency contact if unable to reach parent or guardian			
Name	Relationship	Mobile Phone	Alternate Phone
		() -	() -
<i>In the space below or on the back of the sheet, for each athlete, please let us know of any allergies, special medical conditions or medications we should be aware of in an emergency.</i>			

Medical Release

I hereby authorize the staff & board of the Kenwood Swim & Tennis Club to act for me according to their best judgment in any emergency situation for my child, and I hereby waive and release the Kenwood Swim & Tennis Club for any and all liabilities incurred by my child during participation in meets and/or practices with the swimming or diving team.

Signature of Parent or Legal Guardian:

_____ **Date:** _____

Team dues will be \$70 per athlete (those who swim and dive only pay once). Swimmers and divers ages 15 through 18 are free. Make checks payable to KSTC. These dues help pay for our coaches, ribbons, awards, league dues and championship entry fees.

For Club Use Only: Amt Paid: _____ Pmt Method: _____ Received By: _____ Date: _____
