

2009 NORTHBROOK ATHLETE REGISTRATION

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: ____/____/____ AGE AS OF JUNE 1, 2009: _____

SEX: (circle one) MALE FEMALE PAYMENT FORM: _____

NORTHBROOK SPORT(S) REGISTERING FOR:

<u> </u> SWIM TEAM <input type="checkbox"/> BEGINNER(NOVICE) <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED (YR-RD)	<u> </u> DIVE TEAM <input type="checkbox"/> BEGINNER(NOVICE) <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED (YR-RD)	<u> </u> TENNIS TEAM <input type="checkbox"/> BEGINNER (NOVICE) <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED (YR RD)	<u> </u> <u>WATER POLO</u> August <input type="checkbox"/> INTEREST
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PLEASE PAY A FEE OF \$55 PER ATHLETE WITH EACH COMPLETED REGISTRATION. A \$15 FEE APPLIES FOR PARTICIPATION ON EACH ADDITIONAL TEAM.

(ONE TEAM: \$55...TWO TEAMS: \$70....THREE TEAMS: \$85).

PLEASE MAKE CHECKS PAYABLE TO “NORTHBROOK”.

Participation in as many of the meets and matches as possible is encouraged. Parental involvement in these activities is also helpful. All parents are expected to volunteer their time to assist during a minimum of three (3) events during the season.

CONTACT INFORMATION (please place a * by the primary emergency number)

PARENT/GUARDIAN NAMES: _____

HOME #: _____ WORK #: _____

OTHER/MOBILE #: _____

E-MAIL ADDRESS: _____

(For important changes and information throughout the season.)

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MEDICAL INFORMATION

PHYSICIAN’S NAME: _____

PHONE #: _____

ALLERGIES: _____

CURRENT MEDICATIONS: _____

The NBCC Swim/Diving/Tennis teams are intended to promote healthy, safe and enjoyable team opportunities for children. However, like all physical activities, swimming, diving, tennis and associated activities have certain inherent risks that can result in serious injury and even death. The NBCC teams do not require an examination by a medical expert to identify any preexisting physical condition of children to condone their participation in NBCC team activities. This is a parent(s)/guardian(s) responsibility.

For that reason and with an explicit understanding of the consequences of doing so, I, as the parent(s) or legal guardian(s) of the child named above, agree that I will not file suit or cooperate in any such suit brought on behalf of my child against the NBCC teams, its coaches or coordinators of the NBCC board or its members for any injury suffered by my child/children in the course of any NBCC team activity, unless the injury is the result of gross negligence, meaningful, willful, misconduct of the party sued. I further agree that if I do initiate or am party to litigation in which gross negligence is alleged, and the lawsuit is unsuccessful, I will reimburse the party(s) sued for their legal fees and costs, associated with that lawsuit. It is the responsibility of the parent/guardian to provide proper insurance for their child/children. I have read and fully understand the nature of the above waiver and release of liability statement.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

INSURANCE COMPANY: _____

POLICY #: _____

Your child may not participate in any team activity (practices or meets/matches) until this completed form, team fees, and full membership dues are received by the club.