



Orinda Aquatics Masters Swimming

Swimmer Registration

Name:	Please attach photo here
Address:	
City: Zip:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/> Date of birth:	
Home #: Work #: Cell #:	
Email:	
T-shirt size: Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> XL <input type="checkbox"/>	

Emergency Information

Emergency Contact: Name:	Relationship:
Home #:	Work #: Cell #:
Physician:	Phone #:
Insurance Carrier:	Group Policy #:
Physical Conditions/Limitations:	
Medications:	
<p><i>To the extent allowed I hereby absolve the Orinda Aquatics Masters team, employees, volunteers, independent contractors, and coaches from all liability which may arise as a result of my participation in the program for which I register. I am aware that there are risks inherent in programs involving physical activity/exercise, and will use my own judgment in adapting my participation in accordance with my own physical abilities and medical condition.</i></p>	
Signature: _____	Date: _____

ALL MEMBERS MUST REGISTER ANNUALLY WITH PACIFIC MASTERS SWIMMING! www.pacificmasters.org