2025 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 (FIRST, MI, LAST)	Name as it should appear on trophy	SEX M/F	DOB (M/D/YR)	FEE	T-SHIRT SIZE (ex. YL, AL)	
0 11 1050 0 1 10 11	>		>			
Optional \$50 Concession Donation Total Amount (Include Check #)	>	<i>>-</i>	>			
Late Registrat Non cash or check payments will incur a 3.5% f	postmarked by 5/20/2025 First swimmer ion after 5/20/2025, First swimmer \$160, of iee. To process your payment, please send an invoice. EDICAL INFORMATION	each addition	onal swimmer \$75 tration to <u>OCswim</u> t	each		
PEDIATRICIAN:		PHONE:				
EMERGENCY CONTACT:		_ PHONE:				
SWIMMER'S MEDICATIONS a	nd/or ALLERGIES:					
MEDICAL CONDITIONS and/	or DISABILITIES:					
Emergency Medical Authorization						
In case of emergency, I hereby authorize the brought, to perform any emergency proced or her enrollment in the OCCC swim team. authorization will only be used when absol give treatment unless they have parental/g swim season.	ure or surgery and to give treatment ar In emergency situations if parents/gua utely necessary, after attempts to conta	nd the adm ordians car ct parents	inistration of an I't be contacted, t have failed. Med	anesthetic his form is ical profes	to my child during his s vital. This sionals may refuse to	
SIGNATURE:	D	ATE:				
Photo Release Authorization						
I hereby grant consent for the OCCC swim to, newsletters, flyers, posters, brochures, ac		publicity a	and advertising co	ontent incl	uding, but not limited	
SIGNATURE:			DATE:			