

Registration Form

Camden County Boomers Swim Club

Swimmer's Name(s): _____
(First, MI, Last)

Child's Birth Date: _____

Father's Name: _____ Employer: _____

Work Phone: _____

Mother's Name: _____ Employer: _____

Work Phone: _____

Home Address: _____

City, State, ZIP Code: _____

Home Phone: _____

Email: _____

Emergency Point of Contact Name and Number: _____

Demographic Information

Military affiliation:

- Active Duty Reserve Retired
 DoD Employee DoD Retired Contractor

Non-Military affiliation:

- Federal Service County Government City Government Camden County Schools
 Wal-Mart Express Scripts Self-Employed
 Other (Please provide type work, i.e. real estate agent, sales, etc.) _____

How did you hear about the Boomers Swim Club (check all that apply)?

- The Tribune & Georgian The Periscope Kings Bay Base Guide School
 Team website Camden County Recreation Center Friend Other

*All registration fees and team dues may be paid directly to the team treasurer.

Notice:

I, the parent/guardian of the child(ren) listed above for which I have signed, desire to have my child(ren) engage in voluntary swim team training under the direct supervision of USA Swimming certified Camden County Boomers Swim Club coaches. I understand the importance of a physical examination prior to beginning a practice session. Realizing that the results of such a physical examination might indicate that my child(ren) not begin such an exercise program, I elect **NOT** to have such an examination performed. I assume the risk for any injury my child(ren) might suffer during such a practice session.

Parent Signature _____

Date: _____

SPECIAL MEDICAL POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, Social Security Number _____ currently residing in
(Parent/Guardian's name) (Parent/Guardian's SSN)
the state of _____, by this document do make and appoint **THE USA SWIMMING CERTIFIED COACHES OF THE CAMDEN COUNTY BOOMERS SWIM CLUB, CAMDEN COUNTY, GEORGIA**, (hereinafter referred to as "THE COACHES" or "COACHES"), who present USA SWIMMING certification credentials, and whose present address is that of the location of said **SWIM CLUB** or CAMDEN COUNTY, GEORGIA, as my true and lawful attorney to do and execute (or to act with persons jointly interested with myself therein in the doing or execution of) any or all of the following acts or things in the best interest of the health and welfare of my CHILD(REN) as named herein:

1. _____, Birth date: _____, Current Age _____
(Child's name)
Health insurance coverage: _____ ID number: _____
Medications, Allergies, etc. _____
2. _____, Birth date: _____, Current Age _____
(Child's name)
Health insurance coverage: _____ ID number: _____
Medications, Allergies, etc. _____
3. _____, Birth date: _____, Current Age _____
(Child's name)
Health insurance coverage: _____ ID number: _____
Medications, Allergies, etc. _____

I DO HEREBY STATE that it is necessary to leave the above named CHILD(REN) in the care of THE COACHES for selected lengths of time during the period commencing from the date of signature and continuing for two (2) years. The said COACHES shall have my full permission and consent: To authorize medical, dental and hospital care and treatment including but not limited to, the administration of examinations, diagnostic tests, and medications (including anesthetics), and the performance of surgery and any and all other medical and dental care or treatment deemed necessary or desirable by a duly licensed physician for the health and well-being of said CHILD(REN), and to execute all such consents, authorizations, forms, releases, and other papers as may be necessary in connection therewith.

I HEREBY GIVE AND GRANT TO my said attorney full power and authority to perform every act and thing whatsoever that is necessary or appropriate to accomplish the purposes for which this Power of Attorney is granted, as fully and effectually as I could do if I were present; and I hereby ratify all that my said attorney shall lawfully do or cause to be done by virtue of this document.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "attorney-in-fact."

I FURTHER DECLARE that any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives and assigns, whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney.

FURTHER, this power of attorney **shall remain in full force and effect for two (2) years from date of signature**, unless sooner revoked by me, provided, however, that such prior revocation shall be of no effect in respect to parties acting or things done in reliance hereon prior to receipt by them of such notice of revocation as may be prescribed by law.

FURTHER, this power of attorney is a durable power of attorney, and it shall not be affected by my becoming disabled, incompetent or incapacitated or the lapse of time. If I am an active duty member of the United States Armed Forces, this power of attorney shall remain in effect even if I am listed, official or otherwise, as "missing in action," "captured," or a "prisoner of war," it being my intention that any such designation shall not bar my said attorney from fully and completely exercising and continuing to exercise any and all powers and rights herein granted. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence, and notwithstanding any expiration date set forth herein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this _____ day of _____ 20__.

SIGNATURE _____

PRINT NAME _____

GRANTOR

ACKNOWLEDGMENT

State of _____)

) SS:

County of _____)

I, _____, do hereby certify that I am a duly commissioned, qualified, and authorized notary public in and for the State of _____, County of _____, and that, _____ who is known to me to be the identical person who is described herein, and who signed and executed the foregoing instrument, personally appeared before me this day within the territorial limits of my attorney, and being first duly sworn, acknowledged that he/she executed said instrument after the contents thereof have been read and duly explained to him/her, and that such execution on this _____ day of _____ 20____, was a true, free, and voluntary act and deed, for uses, purposes, and considerations therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

Notary Public _____, State of _____,

County _____ My Commission Expires: _____