



Lake Oswego Swim Club
 P.O. Box 1103
 Lake Oswego, OR 97035

“Building Champions In and Out of the Pool”

New Swimmer Information

(Please print clearly and bring with you to tryouts)

Swimmer's name: _____

Date of birth: _____ Age: ____ Gender: M F (circle one)
(mm/dd/yy)

Grade in school: _____ School: _____

Parents' names: _____

Mailing Address: _____

Home phone #: _____ E-mail address: _____
(for communicating results of tryouts)

Previous Swim Club Experience?: Yes ___ No ___ Team name & LSC: _____

Date of Last Competition: _____ High School # seasons? : _____

Reason for wanting to join LOSC: _____

Medical Consent and Release of Liability

I, the undersigned, as parent/guardian of the above name child do hereby authorize employees of the Lake Oswego Swim Club to consent to emergency medical, surgical or dental examination, treatments, etc. to be administered to the same in the event of accident or sudden illness during the program. I agree that I am responsible for the above participant's transportation to and from the class or activity site. I hereby release and discharge the Lake Oswego Swim club, its officers, agents and employees from any and all claims for personal injuries.

Signature (Parent/Guardian): _____ Date: _____

Please indicate how you heard about us:

Referred by: _____ Banner: _____

School Flyer: _____ Newspaper: _____ Website: _____ Other: _____

Coaches' Use Only

Recommended group placement: _____ Date: _____

Free: _____ Back: _____

Breast: _____ Fly: _____

Comments: _____