

Fulton-El Camino Recreation and Park District 2201 Cottage Way, Sacramento CA 95825 (916) 927-3802 www.fecrpd.com

## 2025 Synchro Registration Form

□ FEC Returning Swimmer

□ New Swimmer

| Child's Name:  First                          |  | Lost                                      |                    |           |
|---|--|---|--------------------|-----------|
|   | A . C  | : Intermediate / Novice (circle one) Sex: |                    |           |
| Birthday:                                     | Age Group:   | Intermediate / N                          | ovice (circle one) | Sex:      |
| Guardian's Name:                              |  | Last                                      |                    |           |
|   |  |   |                    |           |
| Guardian's Address:  Street                   |  | City                                      | State              | Zip       |
| Guardian's Home Phone #:                      | G  | Guardian's Work Phone #:                  |                    |           |
| Guardian's Alternate Phone #:                 | G  | uardian's E-Mail Address                  | s:                 |           |
| 2 <sup>nd</sup> Guardian's Name:              |  |   |                    |           |
| First   |  | Last                                      |                    |           |
|   |  | City                                      | State              | 7:        |
| Street Street                                 | 2  | •   |                    | Zip       |
|   |  | 2 <sup>nd</sup> Guardian's Work Phone #:  |                    |           |
| 2 <sup>nd</sup> Guardian's Alternate Phone #: | an's Alternate Phone #: 2 <sup>nd</sup> Guardian's E-Mail Address: |   |                    |           |
|   | Emergency  | <b>Information</b>                        |                    |           |
| Doctor's Name:                                |  |   |                    |           |
| Name of Insurance Carrier:                    |  | Policy #                                  | #/Kaiser #:        |           |
| In the event of an emergency                  | I request that my c  | hild be taken to                          |                    |           |
|   | •  |   | Hospital Name      | feasible. |
| Located on Street Address                     |  | City                                      | 11                 | leasible. |
| Please list any medical condi                 | tions and or allergi   | es that your child has                    | and what types     | of        |
| symptoms to be alert for (i.e.                | : My child has asth  | ma – watch for whee                       | ezing):            |           |
|   |  |   |                    |           |
|   |  |   |                    |           |
| Please list any medications th                | nat your child takes   | routinely:                                |                    |           |
|   |  |   |                    |           |
| If parents' can't be reached p                | lease contact the fo   | llowing in the order i                    | n which they ar    | e listed. |
| Emergency Contact Name:                       |  |   |                    |           |
| Phone #:                                      | First  | La .lternate Phone #:                     | st                 |           |
|   |  |   |                    |           |
| Emergency Contact Name:                       | First  | La  | st                 |           |
| Phone #:                                      | A  | Iternate Phone #:                         |                    |           |

NOTE FOR PROSPECTIVE SYNCHRO TEAM MEMBERS: Participating in any organized practice, clinic or swim meets whether recreation or USS affiliation after January 14 renders your ineligible to compete on a recreation level for the season.

|  | reading the above stateme hronized Swim League?  | _   | to compete in the VFCAL recreational  |  |  |
|--|--|---|---|--|--|
| •  | _  | Yes   | No  |  |  |
| consist particular dama herea dischand particular actival assurbindi free a                                  | I have carefully read the of deration for being permit cipate in the above activity ages for personal injury, after accrue to me, as a retarge in advance the Fulton agents) from any and alcipation in said activity, essness on the part of the ity involves an element of the ity involves an element of the ity involves and assign and harmless from any lose to f my death or any injury | tted by the Fulton-El ( y, I hereby waive, releadeath or property dames of participation in the company of the | Ity for which I/we are registering and in Camino Recreation and Park District to ase and discharge any and all claims for age which I may have, or which may said activity. This release is intended to and Park District (its officers, employees, of or connected in any way with my bility may arise out of negligence or ntioned above. It is understood that this idents and knowing those risks I hereby r, release and assumption of risk is to be and to hold the above persons or entities to rexpense which they may incur as the t I may sustain while participating in said |  |  |
|  | •  | oleted and signed by nav  | ent/guardian, if applicant is under 18  |  |  |
| abov<br>I sta<br>inder<br>liabil<br>prope<br>I UNI<br>ACTI<br>SHOV<br>RECE                                   | te that said minor is phynnify and hold the persons ity, damage, cost or expensity, damage that said minor DERSTAND THAT PHOTOGR VITIES TO BE USED IN BIVN WILL NOT BE IDENTIFIED TO COMPENSATION FOR THE CONTENTS.  | cute the above Agreemed visically able to participally able to participal and entities mentioned see which they may incur may sustain while part AAPHS AND VIDEOS MAY ROCHURES AND OTHER AFIED, UNLESS WITH TOR THEIR APPEARANCE.  AD THIS AGREEMENT I AM AWARE THAT THE  | Y OCCASIONALLY BE TAKEN OF DISTRICT PUBLICITY MATERIALS. PARTICIPANTS HEIR EXPRESS PERMISSION, AND WILL WAIVER AND RELEASE AND FULLY HIS IS A RELEASE OF LIABILITY AND A  |  |  |
| CONTRACT BETWEEN MYSELF AND THE FULTON-EL CAMINO RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL. |  |   |   |  |  |
| X_<br>Signat   | ture of Participant (Parent or lega  | al guardian if under age 18)  | Date  |  |  |
| For office use only  |  |   |   |  |  |
|  | Booster Volunteer form   | and \$350 Check (post-d   | ated to August 1)   |  |  |
|  | Swimmer Code of Cond   | uct Agreement signed  |   |  |  |
|  | Guardian Code of Condu   | uct Agreement signed  |   |  |  |