

HEARTLAND SWIM

2009 Post CIF High School Special Application

June 1- September 7

Cost: \$235.00 payable to HSA and \$32 for a USA Swim Card, payable to SDI (San Diego-Imperial Swimming) If registering for the first time with USA Swimming athlete must provide original or certified copy of birth certificate for proof of age upon registration. Birth certificate will be returned to you. You must submit SDI payment and application to their office, either by mail or in person.

Please Print

Father's Name: _____
Last First

Father's Address: _____
Street City Zip

Father's Phone #: _____
Home Work Cell Email Address

Mother's Name: _____
Last First

Mother's Address: _____
Street City Zip

Mother's Phone #: _____
Home Work Cell Email Address

Swimmer 1 _____ DOB ____ - ____ - ____ Age ____ M or F
Legal name: First MI Last

Goes by _____ Swimmer cell _____ Swimmer email _____

School _____ Grade _____

Swimmer 2 _____ DOB ____ - ____ - ____ Age ____ M or F
Legal name: First MI Last

Goes by _____ Swimmer cell _____ Swimmer email _____

School _____ Grade _____

In case of emergency, I hereby authorize medical attention for my child as deemed necessary by an employee and/or officers of Heartland Swimming Association and further remove from liability any employees and/or officers of Heartland for facilitating said treatment.

Doctor's Name _____ Phone Number _____

Health Insurance Co _____ Policy # _____

Emergency Contact _____ Phone Number _____

Coaches- Please be aware of the following on-going medical conditions or allergies: _____

Authorized signature _____
(Parent or Legal Guardian)

PO Box 12936 EL CAJON, CA 92022 Phone (619) 593-9252 www.heartlandswim.org

Office use only

Check # _____ Amount pd \$ _____ Date: _____ Reviewed by: _____