



Manta Ray Swim Team

401 4th Street | Marathon WI 54448 | (715)-443-3772 | www.masaswim.org/MantaRays.htm

REGISTRATION AND INTEREST FORM

Name _____ Birthdate _____

Phone Number _____ Age _____ Sex M F

Mom and dad's names _____

Best time to contact Mom or Dad _____

E-mail address _____

What school do you attend? _____

How many years have you been on Swim Team? _____

Will you be participating in any other sports this season? Yes No
If yes, which one(s) and what night of the week? _____

Is your family planning any vacations during the season? Yes No
If yes, dates: _____

What is your favorite stroke to swim? _____

What is your least favorite stroke to swim? _____

Is there anything else you would like the coaches to know about you? _____

In addition to team fees, Manta Ray swimmers must also have a M.A.S.A. Youth Membership or be part of a Family Membership.

Team Fees: \$60.00 PER SWIMMER

Make checks payable to Manta Ray Swim Club
MEMBERSHIPS AND TEAM FEES ARE NON-REFUNDABLE.



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EMERGENCY INFORMATION FORM

Swimmer's Name _____ Age _____ Birthdate _____ Sex M F

Parent(s) Name(s) _____ Work Phone _____

_____ Work Phone _____

Address _____ Home Phone _____

In Case of emergency and the coaches are unable to contact the parent, the coaches have permission to call the persons listed below:

Name _____ Phone _____

Name _____ Phone _____

Any other contact information, such as cell phones, pagers, e-mail, etc.:

Is the swimmer allergic to anything, such as medications, foods, bee stings? No Yes

If Yes, list _____

Does the swimmer have any medical condition(s) that the coaches should be made aware of? (Examples: diabetes, epilepsy, exercise-induced asthma) No Yes

If Yes, list _____

Is there any other disorder/deficit that the staff should be made aware of? No Yes

If Yes, list _____

Note: If your child suffers from asthma and may need an inhaler during practice or meets, please feel free to give an extra to the coaches so it is available at all times should it be needed.

PERMISSION/WAIVER FORM

My child/ward, _____, has permission to participate in the M.A.S.A. swim club program. I hereby expressly waive any and all causes of action which I or my child/ward might have against M.A.S.A., Inc., the Manta Ray Swim Club, and/or the coaching staff involved as a result of any injury or damages that may be suffered due to participation in the practices and/or swim meets.

I further acknowledge that he/she assumes entire responsibility for any loss, damage, or injury that may be sustained by participation in this program.

I further given my permission to the representative to consent to the rendering of needed medical attention by the nearest physician and/or hospital in the event of an emergency caused by an accident or injury to my child.

Parent/Guardian Signature

Date