



2026 Swim Registration Form

New Swimmer

FEC Returning Swimmer

Child's Name: _____
First Last

Birthday: _____ Age Group: _____ Sex: _____

Guardian's Name: _____
First Last

Guardian's Address: _____
Street City State Zip

Guardian's Home Phone #: _____ Guardian's Work Phone #: _____

Guardian's Alternate Phone #: _____ Guardian's E-Mail Address: _____

2nd Guardian's Name: _____
First Last

2nd Guardian's Address: _____
Street City State Zip

2nd Guardian's Home Phone #: _____ 2nd Guardian's Work Phone #: _____

2nd Guardian's Alternate Phone #: _____ 2nd Guardian's E-Mail Address: _____

Emergency Information

Doctor's Name: _____ Phone #: _____

Name of Insurance Carrier: _____ Policy #/Kaiser #: _____

In the event of an emergency I request that my child be taken to _____
Hospital Name

Located on _____ if feasible.
Street Address City

Please list any medical conditions and or allergies that your child has and what types of symptoms to be alert for (i.e.: My child has asthma – watch for wheezing): _____

Please list any medications that your child takes routinely: _____

If parents' can't be reached please contact the following in the order in which they are listed.

Emergency Contact Name: _____
First Last

Phone #: _____ Alternate Phone #: _____

Emergency Contact Name: _____
First Last

Phone #: _____ Alternate Phone #: _____

AGREEMENT, WAIVER AND RELEASE

I have carefully read the description of the activity for which I/we are registering and in consideration for being permitted by the Fulton-El Camino Recreation and Park District to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Fulton-El Camino Recreation and Park District (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

Parental Consent: *(To be completed and signed by parent/guardian, if applicant is under 18 years of age)*

I, hereby consent that my son/daughter _____, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I UNDERSTAND THAT PHOTOGRAPHS AND VIDEOS MAY OCCASIONALLY BE TAKEN OF DISTRICT ACTIVITIES TO BE USED IN BROCHURES AND OTHER PUBLICITY MATERIALS. PARTICIPANTS SHOWN WILL NOT BE IDENTIFIED, UNLESS WITH THEIR EXPRESS PERMISSION, AND WILL RECEIVE NO COMPENSATION FOR THEIR APPEARANCE.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS 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 _____
Signature of Participant (Parent or legal guardian if under age 18) _____
Date

For office use only

Booster Volunteer form and \$350 check (post-dated to August 1)

Birth Certificate: on file, verified by: _____
Initials

Hardcopy Received

Swimmer Code of Conduct Agreement signed

Guardian Code of Conduct Agreement signed