



TALLAHASSEE SERINAS Synchronized Swimming Summer Clinic 2021

REGISTRATION INFORMATION AND CHECKLIST

joinserinas@gmail.com | Serinas.org

A Complete Registration Package is Required Prior to Participation:

- ___ 1. Completed Tallahassee Serinas Clinic Registration Form
- ___ 2. Completed USA Synchro Membership Registration Form
- ___ 3. Select Which Clinic Your Swimmer Will be Attending
 - ___ Session 1 July 12 – August 4 Monday & Wednesday 9:30-11:00
 - ___ Session 2 July 13 – August 5 Tuesday & Thursday 5:30-7:00 pm
- ___ 4. Check payable to Tallahassee Serinas in the amount of \$300

*Please email paperwork to joinserinas@gmail.com or bring paperwork to Trousdell Aquatics Center prior to clinic start date to secure your child's spot in the clinic!

Remember to Have Your Swimmer Bring the Following to Practice!

- Swim Suit
- Towel
- Goggles
- Water Bottle

We will provide a nose clip and swim cap. Swimmers will also get a Serinas T-Shirt

See You at the Pool





TALLAHASSEE SERINAS CLINIC

Registration Form

Summer Clinic 2021

ATHLETE INFORMATION

Last Name	First Name	Middle Name
Nickname (if any)	Date of Birth mmddyy	Age
Street Address		
City	State	Zip Code

PARENT INFORMATION

Last Name	First Name	Relationship	
Primary Phone Number	Cell(C), Home(H), Work(W)	Secondary Phone Number	Cell, Home, Work
Email			
Last Name	First Name	Relationship	
Primary Phone Number	Cell, Home, Work	Secondary Phone Number	Cell, Home, Work
Email			

- Waiver of Liability**

It is agreed by my signature below, that in the event my child is disabled, injured or incurs a disease of a temporary or permanent nature while participating, to waive any and all claims or liabilities against Performance Enhancement Enterprises, Inc., the City of Tallahassee Parks and Recreation Dept., the City of Tallahassee, Florida, the TALLAHASSEE SERINAS parents boosters organization, and/or staff or volunteers of said activities and programs.

Signature of Parent/Legal Guardian _____ Date _____

- Insurance**

USA SYNCHRO Insurance Covers the injured person for accidents which occur in the course of participation in sanctioned events, including supervision of a coach or manager, and while traveling directly to and from such sanctioned events or practices. **See separate registration.**

Signature of Parent/Legal Guardian _____ Date _____

- Medical Release**

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the coaches or representatives of the TALLAHASSEE SERINAS club or the City of Tallahassee to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the swimmer in the course of such athletic activities of such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed above. Payment of all charges incurred for medical treatment is guaranteed by parent/legal guardian or the insurance company providing for the above named swimmer.

Signature of Parent/Legal Guardian _____ Date _____

TO BE COMPLETED BY STAFF Start Date _____ USA SYNCHRO: Form _____ Registered _____
 FEE \$ _____ Check # _____ Roster _____ Email list _____