

**CBS ISLANDERS  
2023 ATHLETE REGISTRATION FORM**

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Preferred Name (if different than first name) \_\_\_\_\_ Date of Birth (Mo/Day/Yr) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Swimmer E-mail \_\_\_\_\_@\_\_\_\_\_  
**Team e-mail correspondence (other than invoices) will be sent to this e-address, in addition to primary parent e-mail and e-address(es) listed below**

School \_\_\_\_\_ Grade \_\_\_\_\_

Year Last Registered with USS (if never registered, "N") \_\_\_\_\_

If registered with a different USA Swimming club in 2023, enter that club code: \_\_\_\_\_ LSC Code \_\_\_\_\_ State \_\_\_\_\_

Date of your last competition representing that club \_\_\_\_\_

Name/Location of Meet \_\_\_\_\_

Guardian #1 First & Last Name \_\_\_\_\_ Phone # \_\_\_\_\_

Guardian #2 First & Last Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Parent e-mail \_\_\_\_\_@\_\_\_\_\_

***This will be the e-mail address to which all invoices are sent. Please print legibly.***

**Please feel free to add additional e-mail addresses at which you would like to receive e-mail correspondence and notices. We do not share this info.**

Name \_\_\_\_\_ Relation to Swimmer \_\_\_\_\_ e-mail \_\_\_\_\_@\_\_\_\_\_

Name \_\_\_\_\_ Relation to Swimmer \_\_\_\_\_ e-mail \_\_\_\_\_@\_\_\_\_\_

**SWIMMER MEDICAL INFO** (Please use additional sheet, if more space required)

Doctor's Name \_\_\_\_\_ Dr. Phone Number \_\_\_\_\_

Primary Emergency Contact Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Secondary Emergency Contact Name (if Primary cannot be reached) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Medical Condition(s) - Please explain & use additional paper, if needed

Please list all medications currently taken (OTC & prescription) \_\_\_\_\_

Known Allergies \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**All swimmers must register with FL/USA Swimming at the time they join CBS Islanders. A special registration link will be sent by team admin.**

In addition to the FLS/USAS fees, all CBS Islanders swimmers will be assessed a CBS Islanders Annual Fee of \$50 each Spring, or when swimming commences if after that time. Each swimmer will receive one CBS t-shirt and one CBS cap (at first meet).

**THIS FORM MUST BE COMPLETED AND SIGNED BEFORE ANY NEW SWIMMER ENTERS THE POOL**

I, \_\_\_\_\_, parent and/or Legal Guardian of  
\_\_\_\_\_, a minor child who is a member of/swimming with  
Central Brevard Swimming/CBS-Islanders), hereby agree that my child may participate in any and all team related events,  
including, but not limited to water, dryland, and recreation/leisure activities. I further agree to hold harmless any  
individual, person, Central Brevard Swimming/CBS Islanders, Brevard County Public Schools, Merritt Island High School,  
Florida Swimming, and USA Swimming in the event of any damage, loss or injury related to any of these events. I hereby  
attest my child is in good health and I know of no physical, mental or emotional reason that would prohibit him/her from  
participating in any and all activities with Central Brevard Swimming/CBS Islanders. If reasonable attempts to contact the  
minor's parent or guardian fail, I do hereby consent to any and all medical treatments for said minor, which may result  
from illness, accident, or injury, and which may be deemed advisable by medical personnel.

I understand and agree that I am responsible for timely payment of all monthly training fees, annual fees, and meet  
registration fees, as outlined at [www.cbs-islanders.com](http://www.cbs-islanders.com).

MINOR'S FULL LEGAL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

PRINTED NAME OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_