2025 FOREST HILLS JUNIOR OSCARS REGISTRATION

LAST NAME	FIRST NAME	MI	MALE/ FEMALE	DOB	AGE ON 6/1/25	T-Shirt Size	ANY PHYSICAL LIMITATIONS?

Address: _____ City: _____ Zip Code: ____

Home Phone: _____ E-mail address: _____

Guardian: _____ Phone: _____

Guardian: _____ Phone: _____

I, _____ am the parent of a member of the Forest Hills Junior Oscars Swim Team. In the event that during such a practice my child requires medical attention, I hereby give full authority to the Forest Hills Coaching Staff to authorize such medical treatment as is necessary in their judgment. I hereby release the Coaching Staff from all claims that may arise from the good faith exercise of this authority.

Emergency Contact Person: _____Phone #:_____

Parent Signature_____Date_____

Checks Payable to Forest Hills Swim Club or Venmo: @BrettFonder