



KINGFISH EQUIPMENT ORDER FORM



Item	Group	Size	Price	Quantity	Total
Swimsuit	All Groups		Male \$35 Female \$55		
Cap	All Groups		Latex \$8 Silicone \$12		
Personal Cap with Last Name	All Groups		\$25 for 2		
T-Shirt	All Groups	White, Blue & Red	\$12		
Fins	All Groups	Shoe Size:	\$26		
Kickboard	All Groups		\$10		
Pull Bouy	All Groups		\$10		
Mexh Bag	All Groups	Black, Royal or Red	\$10		
Hand Paddles	All Groups except Developmental		\$18		
Temp Trainer	Recommended for seniors/optional for juniors		\$35		
Finis Freestyle Snorkel	Recommended for seniors/optional for juniors		\$30		
Backpack	Optional	Name embroidered:	\$62		
Team Towel	Optional	Name embroidered	\$35		
Team Jacket	Optional	Name: Adult: XS S M L LX	\$95		
Team Pant	Optional	Adult: XS S M L LX Youth: M L	Adult \$55 Youth \$45		
Hooded Sweatshirt	Optional	Name: Adult: XS S M L LX	\$50		
Long Sleeved T-Shirt	Optional	Red only	\$15		
Baseball Hat	Optional	Red only	\$15		
Mesh training suit	Optional	Male sizes	\$25		
Mesh Shorts	Optional		Male \$25 Female \$20		
			Total:		

Make checks payable to "Kingfish Swimming"
Contact: Denise Buckley 781-934-8197

Swimmer's Name _____ **Training Group** _____



KINGFISH REGISTRATION FORM



Swimmer _____

Training Group _____

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

Date of Birth _____ Email _____

Home Phone _____ Other Phones _____

Shirt Size _____ Shoe Size _____ Racing Suit Size _____ Shorts Size _____

Parents/Guardians _____

Names _____

Emails _____

Emergency Contact (other than Parents/Guardians) _____

Name _____

Phone _____

MEDICAL RELEASE AND TREATMENT FORM

In the event of any injury occurring to my son/daughter _____ at any Kingfish Swim Club sponsored practice, meet or event, at which I am not present, I hereby grant permission to the organization through its directors, coordinators and coaches, to act on my behalf to permit emergency medical treatment to my child as needed, until I can be contacted.

Address _____ Telephone _____

Insurance Co. _____ Policy _____

Family Doctor _____ Phone _____

Known Medical Conditions of Participant:

Comments:

Heart condition or diseases	YES	NO	_____
Diabetes	YES	NO	_____
Convulsions disorder	YES	NO	_____
Asthma	YES	NO	_____
Allergies	YES	NO	_____

Date of last Tetanus shot _____

List any medication(s) currently receiving _____

Parent/Guardian Signature

Date



KINGFISH MEDICAL RELEASE AND TREATMENT FORM



In the event of any injury occurring to my son/daughter _____
at any Kingfish Swim Club sponsored practice, meet or event, at which I am not present, I hereby grant permission to the
organization through its directors, coordinators and coaches, to act on my behalf to permit emergency medical treatment to
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Known Medical Conditions of Participant:

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List any medication(s) currently receiving _____

Parent/Guardian Signature

Date