



**SPORTS for Exceptional Athletes**

**Team Registration Form**

**Tournament: Swimming**

Send Team Registration Form to:  
 SPORTS for Exceptional Athletes  
 8380 Vickers St. Suite E  
 San Diego, CA 92111  
 Phone: 858-565-7432  
 Fax: 858-565-7431  
 Email: [sds4ea@gmail.com](mailto:sds4ea@gmail.com)  
 Website: [www.s4ea.org](http://www.s4ea.org)

Enclosed is \$ \_\_\_\_\_ Team Registration Fee of \$10 per athlete on July 23 at St. Madeleine Sophie's Ctr.

Team Name \_\_\_\_\_ Colors \_\_\_\_\_ Email \_\_\_\_\_

Manager's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Visiting team members (athletes, coaches & other volunteers) have read & agree to the risks outlined in the Waiver of Liability COVID-19 Form & S4EA Release Form. To help stop the spread of COVID-19, S4EA would like everyone (age 5 & above) participating in S4EA activities to have been vaccinated.  
*Please place a \* by inclusive athletes without disabilities.*

Signature – Athletes	Name (Please Print)	Sport (Swimming)	Age/Date of Birth	Vaccine Date(s)	Vaccine Brand
Signature – Coaches/Other Vols					