

Registration Form – 2018 Summerfield North Stingrays Swim Team

Team Fees: \$95 / swimmer with maximum \$260 / household – checks can be made out to Summerfield North Stingrays. All swimmers receive a new cinch bag with team logo! Caps will be provided if needed. You must be a member of the pool to join the swim team.

PARTICIPATING SWIMMERS:

Name: _____ Date of Birth: _____ Gender: M / F

Age as of 06/01/18: _____ Email address: _____ Need cap: Y / N

Name: _____ Date of Birth: _____ Gender: M / F

Age as of 06/01/18: _____ Email address: _____ Need cap: Y / N

Name: _____ Date of Birth: _____ Gender: M / F

Age as of 06/01/18: _____ Email address: _____ Need cap: Y / N

Name: _____ Date of Birth: _____ Gender: M / F

Age as of 06/01/18: _____ Email address: _____ Need cap: Y / N

*Please indicate which child (if any) is a high school senior:

Parent/Guardian Name: _____

Preferred Phone #: (cell/ home/ work) _____

Alternate Phone #: (cell/ home/ work) _____

Address _____

EMAIL ADDRESS: VERY important! Feel free to provide multiple emails.

MEDICAL RELEASE

Swimmer's Physician _____

Phone # _____

Swimmer's Dentist _____

Phone # _____

Health Insurer _____

Policy Number _____

****Please write "private" if you would rather not list your policy number on this form****

PARENT VOLUNTEERS

Specific job request _____

No preference, place me where most needed

I hereby give Summerfield North Swim Team managers and coaches permission to obtain emergency medical or dental treatment for my children as named above in the event I cannot be reached.

Parent or Guardian Signature _____

Date _____

WAIVER / RELEASE of LIABILITY

The Summerfield North Swim Team is intended to promote healthy, safe and fun swimming opportunities for our children. However, like many physical activities, swimming and associated activities pose certain inherent health risks that can result in serious injury or even death. The Summerfield North Swim Team does not require an examination by a medical expert to identify any pre-existing physical ailments of my/our child/children, the overall physical condition of my/our child/children, or to condone their participation in the Summerfield North Swim Team activities.

For that reason, and with an explicit understanding of the consequences of doing so, I/we, as the parent(s) or legal guardian(s) of the child/children named below, agree that I/we will not file suit individually and/or on behalf of my/our child/children or cooperate in any such suit brought on behalf of our child/children against the Summerfield North Swim Team, its coaches or coordinators, or the Summerfield North Neighborhood Association board or its members, for an injury suffered by our child/children in the course of any Summerfield North Swim Team sanctioned activities, including swim meets, practices, and extracurricular activities, UNLESS the injury is the result of gross negligence, meaning willful misconduct of the party sued. I/we further agree not to assign any right I/we may have to sue the individuals or entities referenced above, and I/we agree that our waiver of liability shall bind our heirs, assigns or successors in interest. I/We further agree that if I/we do initiate or am party to litigation in which gross negligence is alleged, and that lawsuit is unsuccessful, I/we will reimburse the party(ies) sued for their legal fees and costs associated with that lawsuit. I/we understand that it is the parent's responsibility to provide proper insurance for their child/children.

I/We have read and fully understand the nature of the above waiver and release of liability statement. (Both legal guardians should sign, if applicable).

Signature (Parent or Legal Guardian)

Date

Signature (Parent or Legal Guardian)

Date

Child/Children's Name(s) _____

