

# 2011 Swim Team Sign Up Form - \$50 per swimmer

# OF SWIMMERS X \$50 = \$ \_\_\_\_\_

Admin Use Only

Shirt Sizes: SWIM 1 \_\_\_\_\_ SWIM 2 \_\_\_\_\_  
SWIM 3 \_\_\_\_\_ EXTRAS AT \$10 EACH

Family Name: \_\_\_\_\_

Amount Collected: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Swimmer Name: \_\_\_\_\_

Age on June 1<sup>st</sup>: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Any Medical Conditions that the staff should be aware of: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name and # \_\_\_\_\_

Second Swimmer: \_\_\_\_\_

Age on June 1<sup>st</sup> \_\_\_\_\_ Birthdate \_\_\_\_\_ Any Medical conditions that the staff should be aware of: \_\_\_\_\_

Third Swimmer: \_\_\_\_\_

Age on June 1<sup>st</sup> \_\_\_\_\_ Birthdate \_\_\_\_\_ Any medical conditions that the staff should be aware of: \_\_\_\_\_

## WAIVER/RELEASE OF LIABILITY

**Please read carefully before signing. This is a release of liability and waiver of certain rights.**

As the parent /guardian of the participants listed above, I agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. I, the parent/guardian, hereby agree to indemnify and hold harmless the Concord Swim Club/Swim Team, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in swim instruction, practice, events or meets. The participant also agrees to indemnify Concord Swim Club/Swim Team for any claims, demand, action or cause of action by the participant. I, the parent/guardian, authorize any representative of the Concord Swim Club/Swim Team to have the participant treated in any medical emergency during their participation in swimming instruction, practices, events or meets. Further, I, the parent/guardian, agree to pay all costs associated with the medical care and transportation for the participant. I have noted any and all medical or health problems that the participant has of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

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

PRINTED NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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CSC SWIM TEAM Received \$ \_\_\_\_\_ from \_\_\_\_\_ on date of \_\_\_\_\_

Signed \_\_\_\_\_

ALL SWIMMERS MUST BE PART OF A MEMBER FAMILY IN GOOD STANDING DURING THE SEASON TO PARTICIPATE. ALL SWIM TEAM FEES ARE NON-REFUNDABLE.