

Greenwyche Swim Team Registration 2017



Name _____ Birthdate _____ Age ____ Yr. ____ Months

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* To ensure safety, participants must be able to swim 1 length of the pool with minimal assistance by June 1.

Parents' Names _____

Address _____ Zip Code _____

Phone Numbers: Home _____ Work _____ Cell _____

E-Mail Address(es) _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Medical Conditions of any participants: _____

We rely on parent volunteers for the success of all meets and social events for the swim team. We will teach you what you need to know! Volunteer opportunities include:

Concessions, Socials/Banquet, Ribbons, Timing, Runner, Scoring Table, Place Judge, Computer Entry, City Meet, Young Swimmer Round-Up, Officiating (Starters/Stroke & Turn/Meet Referee)

How may we count on your support?

Name: _____ Area(s): _____

Name: _____ Area(s): _____

REGISTRATION FEE: \$75 for FIRST CHILD; \$70 for SECOND CHILD; \$65 for THIRD CHILD and any additional

To complete registration, we need:

- *Fee (payable to Greenwyche Swim Team)*
- *Forms: 1) this registration form; 2) current Greenwyche Health Form; 3) RCSL City Meet Waiver; 4) RCSL Parent/Athlete Concussion Form (RCSL forms available on Greenwyche website or RCSL website)*

Bring to Kick-Off Meeting at the pool on May 13 (9 a.m.–noon). Or mail to Wendy Sawyer, 1008 Brookridge Circle., Hsv, AL 35801 or Mandy Scales, 1314 Forbes Dr., Hsv, AL 35802

DUAL SWIM MEETS: May 31, June 7, June 14, June 21, June 28 CITY SWIM MEET: Saturday & Sunday, July 8 and 9

I, the undersigned parent/legal guardian of the above listed participants, acknowledge that I understand the risks inherent in swim team activities. I agree for myself, my family, heirs, and assigns, not to sue and do hereby release, indemnify and hold harmless Greenwyche Swim Team, its owners, officers, agents, instructors, and volunteers from any and all present and future liability, claims, demands, or causes of action whatsoever arising from the participation in any and all activities associated with Greenwyche Swim Team. I understand that this Release of Liability shall be as broad and inclusive as permitted by the laws of the State of Alabama. I understand that by signing this form, I am giving up legal rights and remedies which may be available to me for the ordinary negligence of any of the parties listed above. I release my child's image to be used on social media.

Parent/Guardian Signature: _____ Date: _____

Date Rec'd: _____ Pool Membership Verified: _____ Check #: _____ Amt: _____