



## 2010 Summer League Registration Form

Swimmer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Daytime Phone #: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Do you actively check your e-mail?  Yes  No

Does your child/ward have health insurance?  Yes  No Medications or health conditions?  Yes  No

Please Explain: \_\_\_\_\_

Swimmer fees: \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_

Fees: \$130.00 for the first swimmer in the family, \$115 for the second, and \$100 for the third or more. The cost includes swimming instruction from May 24<sup>th</sup> through the Summer League Championship in July; all meet entry fees for the "Summer League Schedule"; a team t-shirt; a team swim cap; and all AAU fees except fees for the 2010 AAU Junior Olympics. Swim team meet suits will be an additional charge and we will have the suits sized for each swimmer.

**Please read the following and sign below:**

### Agreement

The undersigned parent(s) or guardian(s), hereby give my child(ren)/ward(s) permission to participate as a member of the Gator Swim Team. If, for some reason I do not wish him/her to participate as a member of the team at certain scheduled meets, I will notify the coach in writing by execution of the Summer 2010 Meet Sign-Up Sheet B Summer League Swimmers form. The undersigned parent or guardian assumes all risks and hazards incidental to such participation as a member of the Gator Swim Team in all swimming activities including but not limited to: practice participation; meet participation; team activities; and, transportation to and from such events or activities. In consideration of the Gator Swim Team and person(s) associated with it providing my child/ward with an opportunity to swim and dive on the team I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Gator Swim Team, its sponsors, persons supplying pools for the use of participates either for practice or for swim meets, for and from any claims whatsoever arising out of injury to my/our child/ward, whether caused by negligence of said persons or organizations released or otherwise. For the consideration recited above, the undersigned person(s) agree that they shall not file suit for any said injury and if such suit should be filed, that they, the undersigned will indemnify the said Gator Swim Team, all persons and organizations released and held harmless above against all liability, or damage resulting from said suit. I/we, also, understand that it is sometimes necessary to have emergency medical attention provided to my child(ren)/ward(s). If so, I give permission for this to be obtained if the parent/guardian cannot be immediately contacted. Such action is in conformity with the provisions of HIPPA (federal statutory provisions regarding health and privacy information) as effective on the date of execution of this document and as may be amended hereafter.

My child/ward has no physical disability that would make swimming dangerous to him/her. Should I have a reasonable belief to indicate that my child/war has such disability I will advise Coach Steve Franklin in writing.

Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_