

Aqua Gems Swimming
PO Box 221, Warwick, NY 10990

Spring 2008 Registration

Group: _____ (Please list current group. *Note: Groups will be determined by the coaching staff
So this may change based on ability New swimmers please write "New" here.*)
Please use one registration form per child

Swimmer Name: _____
 LAST **FIRST** **MIDDLE INITIAL**

Sex: _____ Date of Birth: _____

Parents: _____

Physical Address: _____
 Street City State Zip

Home Phone: _____

Mom Work: _____ Dad Work: _____

Mom Cell: _____ Dad Cell: _____

Email Address: (1) _____ (2) _____

PLEASE LIST ANY ALLERGIES/MEDICAL PROBLEMS

Please complete page 2 of this form.

New Swimmer \$25 (new swimmer is a child that has not swam for the team for at least one year)

***** New swimmers to the team need to add \$54 for US Registration per child.

**** US Transfers from another team: \$5

RELEASE:

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the enrolled participant and/or the parent/guardian of the _____ (parent's/guardian's name) participant, agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming. The participant hereby agrees to participate in the **AQUA GEMS SWIMMING(AGS)** program and hereby agrees to indemnify and hold harmless its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in **AGS** swim activities (including but not limited to practice, meets, dry land training, etc). The participant also agrees to indemnify Aqua Gems Swimming, Coaches and Board of Directors for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representatives of Aqua Gems Swimming to have the participant treated in any medical emergency during their participation in the Swim program's activities. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. I have signed the medical form and indicated any and all medical/health problems 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: _____
(Participant or Parent/Guardian)

Signed: _____ Date: _____
(Participant or Parent/Guardian)

Printed Name of Emergency Contact: (1) _____

Phone: _____ Cell Phone: _____

Printed Name of Emergency Contact: (2) _____

Phone: _____ Cell Phone: _____

Printed Name of Emergency Contact: (3) _____

Phone: _____ Cell Phone: _____

Please note that each Swimmer is to be registered with US Swimming which includes secondary insurance coverage for each swimmer. Any incident regarding injury during a scheduled team activity needs to be brought to the attention of the coaching staff IMMEDIATELY and followed up in writing within 24 hours to the Board of Directors. In addition any injury that occurs outside of the Team activities that alters the medical condition of the swimmer must be brought to the attention of the coaching staff and the Board of Directors in writing.

I, _____, as the legal parent/guardian of the registered child, agrees to pay all tuition, dues, fees, and expenses related to his/her participation in Aqua Gems Swimming.

Signature

Date