



Last Name

Dana Hills Swim Team 2010 Registration Form

Swimmer's First Name	Male/ Female	Birthdate	Age on June 15, 2010	Otter Pup (Y or blank)	Birth Cert?
1.					
2.					
3.					
4.					

Parent/Guardian Information (please print):

Mother's Name	Father's Name
Street Address	Address (if different)
City, Zip	City, Zip (if different)
House Phone #	House Phone #
Cell/Alternate #	Cell/Alternate #

Email Address that should receive Swim Team correspondence:

Family Email:	Alternate Email Contact (if different):
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Emergency Information:

Doctor's Name:	Doctor's Phone:
Dentist's Name:	Dentist's Phone:
Emergency Contact Name/Relationship:	Emergency Contact Phone:
Medical Conditions * <i>Please describe any medical conditions by swimmer that the coaches need to know. If none, please state "none." Use extra sheet or reverse as needed.</i>	First Name
	Medical Condition

Fees (see Registration Pricing Sheet) **Total Registration Fees: \$** _____ **Check #** _____
(Includes \$25 non-refundable administrative fee)

Disclaimer, Assumption of Risk and Waiver: For myself and behalf of my heirs, assigns and next of kin, I acknowledge that participation in support of swimming involves risks of severe, permanent serious injury including, but not limited to, bruises; scrapes; strained, sprained or torn muscles, tendons or ligaments; broken bones; dislocation of joints; concussion; brain damage; nerve and spinal cord injury; paralysis; and death. For myself, and on behalf of my swimmers, heirs, assigns, and next of kin, I willingly and voluntarily accept and assume all such risks. I further acknowledge that, with the exception of coaching staff, the Dana Hills Swim Team (DHST) is primarily administered by volunteers, rather than paid professionals.

In consideration of accepting the registration, and permitting the voluntary participation of the above-named swimmer(s) in its programs, for myself and on behalf of my swimmers, heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless the Dana Hills Swim Team, it's coaches, officials, board of directors, sponsors and other representatives and any and all owners, lessors, lessees, or other persons or entities allowing, permitting or authorizing the use of facilities by DHST and the agents, employees, officers and directors of said persons or entities, from any and all claims, demands, costs, expenses and compensation arising out of, or in any way related to, an injury or other damage that may result to said swimmers or named parents/guardians or volunteers or members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any DHST related event, including any physical or other injury cause by the negligence of any person or entity described above.

Emergency Release: In the event emergency treatment is needed, I authorize the Dana Hills Swim Team to take such action as it deems necessary, and I agree to pay all costs associated with medical care and transportation of the swimmer.

I have read the above 'Disclaimer, Assumption of Risk and Waiver' and 'Emergency Release.' I fully understand the terms of each and understand that I have given up substantial rights by my signing this form and agreeing to these terms. I sign this form and agree to these terms freely and voluntarily and without inducement of any kind. I/we further acknowledge, and agree to abide by, the DHST Code of Conduct, the full text of which is available in writing or: www.DanaHillsOtters.com

Parent Signature: _____ **Date:** _____