

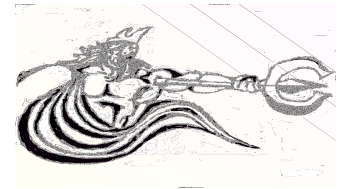


The North Miami Swim Team

and Neptune Aquatics

Registration Form

Info call 305 206-0574 or 305 987-6441



Family Information

Were you on the team Before _____

Parent or Guardian Information Date Form filled out ____/____/____ Info in computer ____
 Father _____ Cell Phone (____) ____-____-____ Work (____) ____-____
 Mother _____ Cell Phone (____) ____-____-____ Work (____) ____-____
 Family Mailing Address _____ Home (____) ____-____
 City _____ Zip _____ {City of North Miami Resident () Yes () No}
 E-mail address _____

_____ (____) ____-____-____ ext. ____
Emergency Contact Relation to swimmer Emergency Phone (4:00- 8:00 pm)
Family Doctor to contact _____ Phone (____) ____-____-____ ext ____

Swimmer Information

1 _____ (M) or (F) _____
Full Name (Last name / First) MI Birth Date Circle Sex Age Preferred Name
 Swimmers E-mail _____ Swimmers Cell () _____
 Health Limitations _____ School _____
 Shirt size () small () Medium () Large () X-Large () XX-Large Group _____

Pool (Sasso / FIU / MCDS) Circle all that apply (Lessons / Pre-Team / Swimming / Water Polo) Starting Date ____/____/____

2 _____ (M) or (F) _____
Full Name (Last name / First) MI Birth Date Circle Sex Age Preferred Name
 Swimmers E-mail _____ Swimmers Cell () _____
 Health Limitations _____ School _____
 Shirt size () small () Medium () Large () X-Large () XX-Large Group _____

Pool (Sasso / FIU / MCDS) Circle all that apply (Lessons / Pre-Team / Swimming / Water Polo) Starting Date ____/____/____

3 _____ (M) or (F) _____
Full Name (Last name / First) MI Birth Date Circle Sex Age Preferred Name
 Swimmers E-mail _____ Swimmers Cell () _____
 Health Limitations _____ School _____
 Shirt size () small () Medium () Large () X-Large () XX-Large Group _____

Pool (Sasso / FIU / MCDS) Circle all that apply (Lessons / Pre-Team / Swimming / Water Polo) Starting Date ____/____/____

4 _____ (M) or (F) _____
Full Name (Last name / First) MI Birth Date Circle Sex Age Preferred Name
 Swimmers E-mail _____ Swimmers Cell () _____
 Health Limitations _____ School _____
 Shirt size () small () Medium () Large () X-Large () XX-Large Group _____

Pool (Sasso / FIU / MCDS) Circle all that apply (Lessons / Pre-Team / Swimming / Water Polo) Starting Date ____/____/____



ACKNOWLEDGMENT, RE

I _____ (name of swimmer) wish to train and compete with the **Neptune Aquatics Inc. and the North Miami Swim Team**. I acknowledge that, just as in any sport, there are inherent risks associated with training and competition in swimming as well as in water polo. I also acknowledge that because of the minor amount of revenue generated by this sport, the threat of a damage suits could discourage or preclude the swim team, water polo team, the coaches, race and event organizers, pool owners, and others from becoming involved in the sport. For these reason I am willing to release and hold harmless from suit all such persons and entities, even from suit based on the alleged fault of that person or entity.

In consideration of their acceptance of me for training and/or for competition, I, for my heirs, executors and administrators, release and forever discharge the North Miami Swim Team, Neptune Aquatics, Inc., the City, County, State or District where the training and/or competition is held, and all sponsors, producers, their agents, representatives, successors and assigns, of all liability for existing or future claims, actions, damages, costs or expenses which I may have arising out of or in any way connected with my participation in swim training or competition, including claims arising out of or during travel, and including injuries or death which may be suffered by me before, during or after training or competition, and I agree to indemnify and hold the above parties harmless from any claim asserted against them which arises out of any claim, damage, cost, or expense of mine. I understand that this Release-Waiver precludes any claims or actions by me based upon the negligence, action or inaction of any of the above parties. I have noted on this form any medical history or problems of which the staff or coaching staff should be aware that would or could effect training and or competition.

I HEREBY AFFIRM that I am eighteen (18) years of age or older, I have read this document, and I understand its contents.

Date _____

Print Name: _____

For persons under eighteen (18) years of age, a parent or legal guardian must sign the above Release-Waiver and complete the following section:

The undersigned, _____ (Parent/Guardian), the parent and natural or legal guardian of _____ (Minor's Name), hereby acknowledges that he or she has executed the foregoing Release-Waiver for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of the foregoing Release-Waiver. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing Release-Waiver for all claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for or on behalf of the minor in the execution of the foregoing Release-Waiver.

Note: Parent/Guardian must also sign the Release-Waiver, above.

Date: _____

Signature of Parent/Guardian: _____

Relationship to Minor _____

Print Name: _____

I have read and understand the "Fees and Charges Explanations " and general rules involved in participation on the North Miami Swim Team.

Signature of Parent / Guardian