

 **GLACIER SWIM CLUB**

 **MASTERS REGISTRATION**

**Forms and payment may be mailed to GSC, PO Box 35382, Juneau AK 99803 or delivered to the GSC office at the Dimond Park Aquatic Center.**

Last Name: First Name: MI:

Mailing Address:

City: State: Zip:

Home Phone: Work/Cell Phone:

Email Address:

 *(all billing and club announcements will be distributed via email)*

Date of Birth (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical information we should know about:

**Emergency Contact Information:**

Name: Phone:

* Monthly unlimited practices, either location $45

Swimmers may cancel their membership or request their account be suspended any time they’d like to take a break. *Let Amy Bowers (* amya3483@gmail.com*) know via e-mail* ***prior to the 1st of the month***so that you’re not charged dues. You will be responsible for any balance accrued until we are notified of the status change in writing.

Continued on page 2

**GLACIER SWIM CLUB MASTERS REGISTRATION**

I hereby release **Glacier Swim Club**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur while participating in the program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death or damage to my property while participating in the **Glacier Swim Club** program.

I hereby give my permission for any supervisor, coach or other team administrator associated with the **Glacier Swim Club** to seek and give appropriate medical attention in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Glacier Swim Club** and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Glacier Swim Club** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that I am physically fit and capable of participation in all swim team activities.

I, on my own behalf, understand that Glacier Swim Club practices and activities will be supervised solely by Glacier Swim Club coaches and not by any CBJ employee, anyone representing or acting on behalf of the CBJ, or anyone under the CBJ’s control.  Glacier Swim Club coaches are subject to the same training and certification requirements as is required for CBJ lifeguards.

Signature Date