**South Florida Recreational Swim League 2020**

**SWIMMER APPLICATION**

Team Name: Tsunami Swim Team Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_

 Age: \_\_\_\_\_\_\_\_\_\_ Gender (circle one): M / F

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Swimmer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_

Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ -- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_

• I certify that the above-named swimmer(s) have not participated in a USA meet nor was a registered member of USA Swimming during the past two consecutive SFRSL seasons. Exceptions are limited to High School swimmers coached by USA Swimming High School swim coaches, only during High School swim season and not thereafter and swimmers participating in a three-month trial period and participating in only one meet.

\_\_\_\_\_\_ Initial if USA Swimmer for less than 3 months and 1 meet.

Signature of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• I certify that I have reviewed the above information with the swimmer and parent or legal guardian, and this swimmer meets the above stated criteria for involvement with SFRSL.

Signature of Head Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* Written board approval must be given for ANY swimmer not meeting the above stated criteria.

• In consideration of the acceptance of this team membership, we the undersigned participant and/or Parent/Guardian, intending to be legally bound, do hereby for ourselves, our heirs, executors, administrators and assigns, waive, release and forever discharge and all rights and claims for damages which we or any of us may hereafter have against the South Florida Recreational Swim League, LLC. and/or its respective coaches, officers, agents representatives, successors and/or assigns, for any and all damages which may be sustained or suffered by me in connection with, or entry in and/or arising out of my traveling to or participating in and returning from training, swim meets, or team functions. I understand South Florida Recreational Swim League insurance is a secondary insurance covering my swimmer participating in League Functions only. SFRSL insurance may not cover claims at 100%. All proper paperwork must be submitted for coverage to be considered. I grant permission for pictures of my child to be used in the SFRSL website or other publications. I have joined the SFRSL “Remind” parent/family group.

Signature of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_