



Bluefish Swim Club

C & C Swimming, Inc.

P.O. Box 726 Attleboro, MA 02703

Bluefish Office: 508-455-2791 Bluefish Fax: 508-455-2792

Bluefish Raynham Office: 508-823-1913

Website: <http://bluefishswimclub.com/>

E-mail: Chuck: abfswimscjb@yahoo.com or Christie: abfswimscce@yahoo.com

Cell Phone: Chuck 617-678-0964 or Christie 617-448-0777

Paid Check #: _____

Paid Amt: _____

MASTERS SWIMMING REGISTRATION FORM

Swimmer's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Age: _____ Sex: (circle one) Male / Female

Swimmer's Membership: (please indicate with an X your commitment)

Yearly: _____ \$450; Monthly: _____ 3+ Times a Week \$40; _____ 2 Times a Week \$30

Punch Card: 10 practices for \$40 _____; Drop in Rate \$5 _____

Name: _____

Address: _____
(Street) (Apt #)

(City/Town) (State) (Zip Code)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____
(Notifications of schedule changes and Billing will occur via e-mail; You may provide more than one e-mail address.)

Last Season's Team: _____ Date of Last Competition: _____

USA Swimming Registered: (circle one) YES and NO

NEW ENGLAND MASTERS SWIMMING Registered: (circle one) YES and NO

Release Form: Please read carefully before signing. This is a release of liability and waiver of some legal rights.

I _____, the enrolled participant or guardian/parent of the participant agree and understand that swimming is a Hazardous activity. I recognize that there are risks in the sport of swimming including but not limited to paralyzing injuries and death. The participant hereby agrees to participate in the C & C Swimming, Inc. and the Bluefish Swim Club program and hereby agrees to hold harmless from any injury that may occur to the participant while participating in the Bluefish Swim Club as well as any facility, its coaches, instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Bluefish Swim Club program. The participant hereby also agrees to indemnify the C & C Swimming Inc. and the Bluefish Swim Club for any damages incurred arising from any claims, demand, action, or cause of action by the participant.

The participant/guardian/parent authorizes any representative of the Bluefish Swim Club to have the participant treated in any medical emergency during their participation in the Bluefish Swim Club programs. Further the participant/guardian/parent agrees to pay any and all costs associated with medical care and transportation for the participant. I have noted on this form any medical/health problems of which the staff should be aware or have attached any further necessary explanation.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____