**Swimmer Registration**

**Year \_\_\_\_\_\_ \_\_**Winter \_\_Summer \_\_Fall

Swimmer’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex: M or F

Parent/Guardian Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please complete below if information has changed from the last registration*

Parent/Guardian Email(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Swimmer Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Swimmer Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does swimmer have any relevant medical conditions? Y N If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which program will the swimmer participate? (See descriptions and fees on Swimming Fees document)

\_\_\_Full Time \_\_\_ Part Time \_\_\_ Developmental \_\_ Collegiate Swimming

Is your swimmer registered for USA Swimming for this calendar year already? Y N

USA Swimming (see description and fees on USA Swimming form): \_\_Premium \_\_\_Flex \_\_Season 1 \_\_Outreach

I acknowledge that parent volunteer time is required for participation in the full-time and part-time programs. \_\_\_\_\_\_ (parent initials)

**Please read carefully before signing. This is a release of liability and waiver of certain legal rights**.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. The participant hereby agrees to participate in the swim program and hereby agrees to indemnify and hold harmless Mercury Swimming, Inc., its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the swim program. The participant also agrees to indemnify Mercury Swimming, Inc. for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of Mercury Swimming, Inc. to have the participant treated in any medical emergency during their participation in the program. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted on this form any medical/health problem of which the staff should be aware. I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Mercury Swimming athletes must be registered with USA Swimming. This additional fee covers insurance and is valid for the calendar year January – December. Please make all checks payable to MERCURY SWIMMING and mail this form, session fee, and applicable USA swimming fee (see USA Swimming Registration document) to Mercury Swimming Inc., PO Box 114, Livonia, NY 14487.