

Rochester Rapids Swim Team Registration

Attention: This registration form MUST be filled out and returned to the Registrar with payment before your child can swim.

Swimmer's Name:

First _____ Middle Initial _____ Last _____

Mailing Address: _____

City: _____ Zip Code: _____

Swimmer's cell #: _____

Swimmer's email: _____

Parent/Guardian 1 Name: _____

Home Phone # _____ Work # _____ Cell # _____

Email: _____

Address (if different from above) _____

Parent/Guardian 2 Name: _____

Email: _____

Home Phone # _____ Work # _____ Cell # _____

Address (if different from above) _____

U.S Citizen? Y_ N_ Gender: M_ F_ Age: _____ Birth Date: _____

School Attending: _____ Current Grade: _____

Swimmer's Ethnicity: African American _ Asian _ Caucasian _ Hispanic or Latino _
American Indian or Alaska Native _ Native Hawaiian or Other Pacific Islander _ Other _

Check One:

New team member Returning RRST team member Transfer from Other Swim Club

Club you are transferring from: _____ Date of last competition _____

If new to the team, how did you hear about Rochester Rapids? _____

Authorizations:

- 1) I give consent for my child to participate with the Rochester Recreation Swim Team (RRST). I release and agree to hold harmless RRST, its coaches, Board of Directors, and volunteers from any and all liability for injuries to property or person suffered as a result of participation as a member of RRST.
- 2) I give RRST authorization to apply for USA Swimming membership for my child.
- 3) I authorize the Rochester Recreation Swim Team to publish photographs taken of me and my child, for use in the Rochester Recreation Swim Team's printed publications and website.

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Trial Swim A new swimmer may swim any practice held in a 2-week calendar period in order to decide about becoming part of the team. All registration materials must be complete, and fees will be held until the end date of the Trial Swim. Check here if you would like a trial swim.

For office use only: Start date: _____ End date: _____

Health Information & Emergency Release

SWIMMERS NAME _____ **DOB:** _____

In the event of an emergency during a practice or meet, please list in order two people to contact. This may be parents if desired:

1st Contact: Name: _____ Relationship: _____
Phone Number(s): _____

2nd Contact: Name: _____ Relationship: _____
Phone Number(s): _____

Swimmer's Doctor: _____ Phone: _____

Swimmer's Dentist: _____ Phone: _____

Swimmer's Health Insurance: _____ Policy# _____

Subscriber's Name: _____ **Preferred Hospital:** _____

What health problems, concerns, medications, and/or illnesses does your swimmer have that may affect him/her during practice and meets? _____

Do you have any instructions for the coaches? _____

Does your swimmer have any allergies? _____ If so, what allergies? _____

MEDICAL RELEASE

I certify to the best of my knowledge and belief, _____ (name of swimmer) is in good physical condition and has no condition which would impair participation in the program. In case of injury, I hereby give the Rochester Rapids coaching staff permission to act on my behalf in seeking medical treatment from any licensed physician, hospital or clinic for my child in the event that such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. I absolve Rochester Rapids Swim Team and its coaching staff from all liability while acting on my behalf in this regard. I, understanding that all reasonable safety procedures will be followed, will not hold the coaches of RRST personally responsible for any accident or injury that may occur.

Date Printed Name of Parent/Guardian Signature of Parent/Guardian

I, _____, relieve the Rochester Rapids Swim Team of all responsibility for my child(ren) from the conclusion of swim practice. After such time, my child becomes a participant attending the open recreation programming at the City of Rochester Adams Street Recreation Center. The established policy of the Center is that children over 6 years of age may come and go as they please. RRST, Inc. will not be supervising or be responsible for your child's safety after the end of swim practice.

Date Printed Name of Parent/Guardian Signature of Parent/Guardian