

Thank you for your interest in Princeton Piranhas Swim Team and  
Welcome to the Tryout! Please pick ONE date to attend.

**Tryout Dates**

Friday, July 22 from 4:30-5:30pm  
Wednesday, August 17 from 4:45-5:45pm  
Tuesday, September 6 from 5:45-6:45pm

**Location**

Princeton Middle School  
Pool entrance is off of Guyot Lane

**When you arrive**

Please enter the building directly into the pool area. We will have a general overview of the program at the start of the tryout. Swimmers must have their paperwork filled out and signed to enter the facility. Swimmers should have their suits on and bring cap (if needed) and goggles with them.

We will be able to answer general questions you have at the tryout and more specific questions if your swimmer is accepted to the team.

Please note this is a tryout for the ***competitive*** swim team, not lessons or stroke school.

**We look forward to seeing you there!**

**Please remember to bring this paperwork with you to the tryout!**

# Princeton Piranhas Swim Team Try Out Form

**Please fill out this form for each swimmer that will be trying out for the team. Bring this form with you to the try out. No swimmers will be permitted to try out without handing this form in first. Please note we will be using the contact information below so **please print clearly!****

## Swimmer Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Parent Information

Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Swim Team Experience, including summer swim club and USA and YMCA teams, if applicable (please be specific):

\_\_\_\_\_

How did you hear about our program? Please be specific. If you heard about us from a Piranha family, please note which family or families.

\_\_\_\_\_

Have you been part of a Piranha Program in the past? IE lessons or Stroke School

\_\_\_\_\_

If you have been a competitive swimmer in the past and have been out of the water because of Covid, when was the last time you were practicing or in a meet?

\_\_\_\_\_

Any other information you feel it is important for us to know?

\_\_\_\_\_

***If you have participated in a swim meet, please include a copy of your best times and the date you swam that time.***

**PRINCETON PIRANHAS SWIM TEAM  
WAIVER/RELEASE OF LIABILITY**

*PLEASE READ CAREFULLY BEFORE SIGNING.*

*THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, \_\_\_\_\_, 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 ear and eye infection, colds, abrasions, cuts, nosebleeds, burns, stings, rashes, head injuries, injured or broken limbs, paralyzing injuries and death.

The participant hereby agrees to participate in the Princeton Piranhas Swim Team, lesson program or stroke school and hereby agrees to indemnify and hold harmless Princeton Piranhas Swim Team, its coaches, instructors, officers, directors, agents, owners, employees and the pool owners against any liability resulting from any injury that may occur to the participant while participating in the swim team, lesson program or stroke school. The participant also agrees to indemnify Princeton Piranhas Swim Team for any damages incurred arising from any claims, demand, action or cause of action by the participant.

I acknowledge that I am aware that there are risks of exposure directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;

In consideration of having the opportunity to participate as either a team member, lessons or stroke school participant, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Princeton Piranhas Swim Team and its owners, coaches, trustees, agents, volunteers, employees and pool owners from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below. I agree to follow all current guidelines regarding COVID 19 and quarantine.

The participant authorizes any representative of Princeton Piranhas Swim Team to have the participant treated in any medical emergency during their participation in the swim team, lesson program or stroke school. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

Princeton Piranhas Swim Team cannot prevent you (or your children) from becoming exposed to, contracting, or spreading COVID-19 while participating in activities within our program. It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in any activity, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I understand the warnings concerning COVID-19, I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to participate in activities with Princeton Piranhas Swim Team. Participating in the activity is of such value to me and/or to my children that I accept the risk of being exposed to,

WAIVER OF LAWSUIT/LIABILITY: I, on behalf of myself, my heirs, assigns, and personal representatives, hereby forever release and waive my right to bring suit or any claim(s) against Princeton Piranhas Swim Team, it’s coaches, instructors, officers, directors, agents, owners, employees or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participating in activities with Princeton Piranhas Swim Team. I understand this waiver means I give up my right to bring claims including personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claims I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW/SEVERABILITY: I understand and agree that the law of the State of New Jersey will apply to this contract. I further acknowledge that THIS CONTRACT IS INTENDED TO BE FULLY SEVERABLE, and that if any portion of this contract is held invalid, it is agreed that the balance the contract shall continue in full legal force and effect. That shall include modifying the contract to allow the remainder of claims to be waived and released in the event that the inclusion of any particular type of claim is found to be invalid or contrary to public policy.

I have noted on the back of this form any medical/health problems of which the staff should be aware. If my participant has been tested positive for COVID 19, they will provide Princeton Piranhas Swim Team with proof of a negative test along with a cardiac clearance prior to returning.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE I UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.**

**Participant's name(s): (please print)**

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

I am the parent/legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release on behalf of myself, my child, and our heirs, assigns, and personal representatives.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_