



2197 Chase Drive
 Rancho Cordova, CA 95670
 916-369-9844 / spatterson@crpd.com

Swimmer Information 2020

Please complete and turn into the Hagan Community Center Office before your child(ren) swim.

Swimmer Information *(please include middle initial)*

		Age on <u>6/1/20</u>	Gender	New or Return
Full Name: _____	Birthdate: _____	_____	M / F	N / R
Full Name: _____	Birthdate: _____	_____	M / F	N / R
Full Name: _____	Birthdate: _____	_____	M / F	N / R
Full Name: _____	Birthdate: _____	_____	M / F	N / R

Parent/Guardian Information

Parent/Guardian Name: _____ Birthdate: _____
 Mailing Address: _____
 Phone: _____ 1st Email (for TeamUnify): _____
 Relationship: _____ Work: _____
 Parent/Guardian Name: _____
 Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Volunteer Commitment Terms

The Cordova Blue Marlin Parent Board requires each family to submit a \$200 refundable volunteer deposit. This will not be deposited at the end of the season, provided ALL VOLUNTEER SHIFTS for the season are completed. Volunteer job postings are available for sign-up on Team Unify. Our program requires the help of all team parents. Each family's completion of their volunteer commitment is vital for the success of the Blue Marlins.

Initials Each family is responsible for 20 hours minimum (PLEASE INITIAL):

- _____ Volunteer 20 hours minimum during the swim season
- _____ Volunteer at least 1 shift (not hours) per participating meet including championships
- _____ Volunteer at least 1 SET-UP or TAKE DOWN shift (not hours) during the swim season
- _____ Sign-up for volunteer shifts at www.cordovabluemarlins.com
- _____ Failure of a family to meet its volunteer commitment will result in forfeiture of deposit



I have read, understand and agree to Cordova Blue Marlin's Volunteer Commitment:

Print Name: _____ Signature: _____ Date: _____

For office use only:

Payable to CRPD for Marlin season of 4/27-7/20:

- _____ \$220 (Register between 2/1-4/13)
- _____ \$255 (Register between 4/14-6/1)

Payable to Blue Marlins (separate check):

- _____ \$200 Volunteer deposit (per family)

Forms signed:

- _____ Swimmer Code of Conduct
- _____ Parent/Guardian Code of Conduct
- _____ Parent/Guardian Concussion Awareness Form

Received by: _____ Date: _____

Cordova Blue Marlins Swim Team

April 27 – July 20, 2020

Mondays – Saturdays

Location: Rosemont High School Pool

Agreement, Waiver, and Release

In consideration for being permitted by Cordova Recreation and Park District (CRPD) to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which may have, or which may hereafter accrue to me as a result of participation in said activity (ies). This release is intended to discharge in advance CRPD (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT (by parent/guardian if applicant is under 18 years of age): I hereby consent that my minor child(ren) listed above may participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on their behalf. I state that said minor(s) is physically able to participate in said activity. I hereby agree to indemnify and hold persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or any injury or property damage that the above minor(s) may sustain while participating in said activity.

Photograph Note: By signing this waiver, I understand that CRPD staff may photograph/video me and/or my minor children and that the District may use such photographs/videos to promote District programs now and in the future. I expressly allow, and hereby waive any objection to, CRPD photographing/videoing me and/or my minor children when I and/or my minor children are participating in a CRPD recreation program. I understand that all photos/videos will remain the property of Cordova Recreation and Park District.

I do not approve of having me and/or my minor child(ren) photographed by CRPD staff or its affiliates.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND SIGN IT OF MY OWN FREE WILL.

PRINT NAME: _____

SIGNATURE: _____ DATE SIGNED: _____

NAME OF PARTICIPANT(S):

