



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

Swimmer Information 2021

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

Swimmer Information *(please include middle initial)*

		Age on	Gender	New or
		<u>6/1/21</u>		<u>Return</u>
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 \$125 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 the following volunteer requirements (PLEASE INITIAL):

- _____ Volunteer at least one (1) shift per participating meet including championships
- _____ Volunteer at least one (1) SET-UP or TAKE DOWN shift 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 5/3-7/26:

_____ \$220

Payable to Blue Marlins (separate check):

_____ \$125 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

May 3 - July 26, 2021

Mondays – Saturdays

Location: Rosemont High School Pool &
Cordova Community Pool

Agreement, Waiver, and Release

In consideration for being permitted by the Cordova Recreation & Park District to participate in the above-referenced activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors and assigns and that I shall indemnify and hold the Cordova Recreation & Park District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.) I hereby consent that the participant listed above, _____ (name) participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with said minor's participation in said activity.

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

PRINT NAME: _____

SIGNATURE: _____ DATE SIGNED: _____

NAME OF PARTICIPANT(S):
