Swim Team Registration & Emergency Form

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| --- | --- |
| Parent/Guardian Name: |  |
| Primary Phone: |  |
| Secondary Phone: |  |
| Email Address: |  |

|  |  |
| --- | --- |
| Parent/Guardian Name: |  |
| Primary Phone: |  |
| Secondary Phone: |  |
| Email Address: |  |

|  |  |
| --- | --- |
| Home Address: |  |
|  |  |

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| --- | --- | --- | --- | --- | --- |
| Swimmer Name | Gender & Age (as of 6/15) | Birth Date | Medical ID | Medical Condition  or N/A | T-shirt sizes\* |
| *Ex: Joe* | *M / 11* | *5/2/2008* | *123456* | *Asthma* | *ym* |
|  | / |  |  |  |  |
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\* Shirt Sizes – Adult Sizes: AS, AM, AL, AXL; Youth Sizes: YS, YM, YL, YXL

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Carrier: |  | | |
|  |  |  |  |
| Doctor Name: |  | Phone: |  |
|  |  |  |  |
| Dentist Name: |  | Phone: |  |

Emergency Contacts (other than parent, in the event that they cannot be reached):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | Relationship: |  |
| 1st Phone: | |  |  | 2nd Phone: |  |

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**Permission to Treat**

*In the event that I cannot be reached in an emergency, I give my permission to call 911 and/or to contact a medical facility or physician to secure proper treatment for my child(ren) and that I will be responsible for any expenses incurred as a result of this emergency.*

*Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_*

**Full Release and Indemnification Agreement**

*The undersigned parent and/or guardian consent to his/her child(ren) participating with the Springwood Swim Team and release the Springwood Swim Team, Springwood Swim Club, it’s members, officers, employees, or Board of Directors, as well as the Diablo Community Swim League Board of Directors and volunteers from any liability or claim resulting from any accident or injury sustained by the child(ren) during or coming or going from said team; and I further agree to indemnify and assume all expenses, costs, attorney’s fees, and losses arising from said injury or accident to said child(ren) and to hold said Swim Team, Swim Club, it’s members, officers, employees, and Board of Directors as well as the Diablo Community Swim League Board of Directors and volunteers free and harmless there from.*

*Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_*

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**Work Assignment Conduct**

*Parents/guardians of swimmers who have committed to work during swim meets will not be permitted to work if they are under the influence of alcohol. If a scheduled work assignment is missed the "make up" scheduled work assignment will be the responsibility of the family. Please do not show up to our swim meets under the influence of alcohol as this raises several safety concerns and you may be asked to leave the swim meet. Please help us promote a safe environment for our team.*

*Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_*

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**Photo Release**

*This is to acknowledge that I am aware that parents are taking pictures during swim events. Pictures may be used on Springwood Swim Club/Team’s website and on other promotional materials; however Springwood Swim Club/Team will not associate names with pictures.*

*Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_*

**Team Fee Information:**

*All Swimmers get a 2021 Springwood Team T-Shirt included with fees.*

*\*Remember that your swimmer uses the pool 5 days a week for practices, plus participates in meets for 3 1/2 months.*

We provide sibling discounts:

Swimmer #1: $250

Swimmer #2: $225

Swimmer #3: $175

Each additional swimmer: $110

Mini-Sprinters: $325, if no other siblings (Subject to Covid-19 protocols)

*The Mini-sprinter program is for first time young swimmers who aren’t sure of their ability or desire to be part of the swim team. It allows the swimmer to swim from Monday, April 19th - Saturday, May 22th (5 weeks) to test out the waters. If the coaches think your swimmer has the ability AND your swimmer has the desire, he/she may continue with the team by paying the remaining fees of $410 if you join the team but not the Swim Club; or $485 if you join the team AND the Swim Club.*

Swimmers in 15-18 age division: $200

*We want our older swimmers to continue to participate with the team, and be a role model for our little ones. We do not charge a non-member fee or a fundraising fee, however, we still need parents to volunteer to help us run our meets.*

Fundraising Fee: $150

*The fundraising fee is in lieu of having lots of smaller fundraisers, such as chocolate sales, car washes, etc. If you would like to organize a fundraiser, please speak up – we want to hear from you!*

Non-Club Membership fee per family: $325

*If you do not belong to the Springwood Swim Club, you must pay this fee.*

Springwood Swim Club Membership: $450 ($400 if joining at time of registration)

*If you join the club, your current household members will have access to the pool for free swim and use of the bbq and picnic area. See website for additional information.*

Activities Fee: $10 per swimmer

*This fee is for various activities held at the pool after practices, including special activities planned during City Meet/Spirit Week: Crafts, Root-beer Floats, ice cream, Popsicles and other fun stuff. This fee does not include Buddy Night or other age group activities.*

**Team Fees:**

|  |  |  |  |
| --- | --- | --- | --- |
| Swimmer Fees | Mini-sprinter | @ $325 | $ |
|  | 1st swimmer | @ $250 | $ |
|  | 2nd swimmer | @ $225 | $ |
|  | 3rd swimmer | @ $175 | $ |
|  | 4th swimmer | @ $110 | $ |
|  | Additional swimmers | @ $110 ea | $ |
|  | 15-18 age group swimmer | @ $200 ea | $ |
| Fundraising Fee per family | | | $ 150.00 |
| Activities Fee per swimmer | | @ $ 10 ea | $ |
| Membership dues per family | | @ $400 | $ |
| Non-Membership fee per family | | @ $325 | $ |
|  | | | $ |
|  | | Subtotal | $ |
| PayPal user fee | | 3% | $ |
|  | | Total Due | $ |

Please make checks payable to Springwood Swim Team

VENMO@ Dawn-Duke-7 - Please make sure you add your families & Swimmers name.

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Date Processed: \_\_\_\_\_\_\_\_\_ Rec'd by:\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_

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**Assumption of the Risk and Waiver of Liability Relating to Coronavirus / COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Springwood Swim Club (“the pool”) has put in place preventative measures to reduce the spread of COVID-19; however, the club cannot guarantee that you or your child(ren) will not become infected with COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Pool and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Pool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Pool employees, volunteers, and program participants and their families. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Pool, its employees, agents, and representatives, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Pool, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Pool program.

Springwood Swim Team 2021 Swimmer’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_*

Print name of Parent/Guardian Name of Pool Participant/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_