

Orchard Brook Swim Team Registration Form 2018

Family Name (please print): _____

Address: _____ E-Mail Address: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Junior Rat Club (CHILDREN AGES 5-7)

Child's Name:	Age:	Date of Birth (m/d/yr)	Fee
1.			\$ 125.00 1 st child*
2.			\$ 110.00 2 nd child*

SWIM TEAM - CHILDREN UNDER 15

Child's Name:	Age:	Date of Birth (m/d/yr)	Fee
1.			\$ 140.00 1 st child*
2.			\$ 130.00 2 nd child*
3.			\$ 55.00 3 rd child*
4.			Free – 4 th Child

* \$325.00 FAMILY CAP

CHILDREN AGE 15 OR OLDER

Child's Name:	Age:	Date of Birth (m/d/yr)	Fee
1.			\$65.00 1 st child*
2.			\$65.00 2 nd child*

Sub Total Team Fees: \$ _____
 Non Orchard Brook residence fee \$25/swimmer \$ _____

Total Fees Paid \$ _____

Mandatory Volunteer Check (separate check returned if meet volunteer requirements) \$100.00

Orchard Brook Swim Team Medical Release/Waiver Form 2018

One form per family—Complete and turn in at Registration

Family Name: _____

This form pertains to all children in your family registered for the 2018 swim season. If any of this information changes at any point from now until the end of the season, please update and give to a coach.

Do any of your children participating on the 2018 swim season have *any* ongoing medical conditions (e.g. asthma), or have they had any recent illnesses or injuries, that the OBST staff needs to be aware of?

No _____ Yes _____ *if yes, please use reverse side of this form to explain for each child → → →*

Are any of your children participating on the 2018 swim season currently taking any medication?

No _____ Yes _____ *if yes, please use reverse side of this form to explain for each child → → →*

Please list the names of relatives or friends who will be responsible for your child should he/she become ill or injured and you cannot be reached.

Name: _____ Phone: (____) _____ Relation: _____

Name: _____ Phone: (____) _____ Relation: _____

Please give the following information should your child/children require medical attention.

Doctor's Name: _____ Phone: (____) _____

Hospital: _____ Medical Insurance Company: _____

Policy Number: _____ Carried by (Father/Mother/Other): _____

I authorize the Orchard Brook Swim Team (including coaches and volunteer parents) and pool staff to take action as necessary in case of an emergency.

Signature of Parent: _____ Date: _____

Waiver and Release of All Claims: Please read this section carefully and be aware that in registering and participating in the above identified programs and activities, you will be expressly assuming the risk and legal liability and availing and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Orchard Brook Home Association Swim Team including its officials, agents, volunteers and employees (hereinafter collectively referred as "OBST"). I do hereby fully release and forever discharge the OBST from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with these programs and activities. You may return this waiver and release at Registration or mail to: OBST c/o Diane Hurley 3860 Downers Drive.

Signed (participant, parent or guardian): _____ Date: _____