



Swim Team Registration 2022

Parent's Names: _____

Address: _____

Phone (best #): _____

Email: _____ (this will be primary mode of communication)

Child's Name	Date of Birth	Age/Gender

- Cost: \$100 per swimmer-This covers coaches' salaries, ribbons, popsicles, Swimmer of the week awards and end of the season banquet and trophies.
- Swim Caps are included
- T-shirts and other merchandise will be available at an additional cost
- Swimsuits will be available at First Place Athletics.

Indicate meets you **WILL NOT** attend. **You must swim at least two dual meets to swim city meet.** There will be a "meet to miss" sign up at the pool.

- June 1 vs. Lily Flagg (home) _____
- June 8 at Monte Sano (away) _____
- June 15 vs. Mt. Springs (home) _____
- June 22 at Greenwyche (away) _____
- June 29 at Jones Valley (away) _____
- July 8-10 City Meet at the Huntsville Aquatic Center _____

Emergency Contact: _____

Are there any conditions the coaches need to be aware of? YES NO

If yes: _____

RCSL City Meet permission/waiver _____ (parent) gives full permission and consent for their child _____ to participate in all activities of the Rocket City Swim League (RCSL) City Meet including practice, swim meets, diving, and meetings. I understand that the RSCL City Meet is elective, and, therefore, because my child has chosen to participate in the RCSL City Meet, I further agree:

1. I authorize the Coaches, Teachers, employees, or Huntsville Aquatic Center LifeGuards thru medical professionals of their own choice, to obtain any medical emergency care that may become reasonably necessary for the child in the course of activities or practice of the RCSL City Meet.

2. I accept responsibility for payment of all medical bills, including, but not limited to charges for doctors, ambulance, hospitals, drugs, or legal which your child may incur by reason of participation in such activities of RCSL City Meet.

3. I waive any claims or cause of action against RCSL and its Coaches, Teachers, & employees, AND/or, action against the City of Huntsville, and/or the Rocket City Swim League (RCSL) which may arise by reason of injury to my child because of participation. I also agree that Coaches, Teachers, employees, LifeGuards, and other members of, RCSL, or the City of Huntsville are released and forever acquitted from any and all claims of liability to me or my child, or both, for injuries sustained by my child because of such participation.

4. My child is insured with _____ policy # _____, and I agree to maintain this coverage for the tenure of his/her participation with RCSL activities. 5. If my child is not covered by medical insurance, I agree & understand that I will be fully responsible for payment of any medical bills that may incur by reason of participation in such RCSL activities. (Note: refer to item #2) 6. I understand that RCSL are non-profit organizations and do not offer any type of insurance for my child.

Signature of Parent/Guardian _____ Date _____

Address: _____

Home Phone # _____ Work or Cell Phone # _____

WAIVER OF LIABILITY

THIS IS AN IMPORTANT LEGAL DOCUMENT. READ CAREFULLY BEFORE SIGNING.

PARTICIPANT's PRINTED NAME: _____

In consideration of acceptance of my entry into the Blossomwood Swim Association's swim or dive team, I, for myself, my heirs, my executors, my administrators, my trustees, and any and all successors in interest, fully and forever waive and release any and all rights and claims for any injuries and damages, including but not limited to demands or actions for negligence, premises liability, emotional injury, intentional conduct, resulting in unintended injury or damage tort claims, any other actions or demands of whatever nature, to the fullest extent permitted by law, that I may have against Blossomwood Swim Association, any and all pools or associations the Blossomwood Swim Association visits for needs; and all employees, principals, directors, shareholders, agents, members, managers, affiliates, volunteers, officials, and representatives acting for or on behalf of any of these entities.

I acknowledge that I am aware of the inherent risks involved in the event, and I voluntarily assume these risks. I attest and verify that the participant is capable to engage in such activities for Blossomwood Swim Association's swim and/or dive team(s).

As a condition of my participation in this Event, I hereby grant Blossomwood Swim Association a limited license to use my name, likeness, image, voice, video, athletic performance, biographical and other information (collectively, "Likeness"), in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the event. The foregoing grant, however, does not constitute consent to use my Likeness in an endorsement of any product or service without my specific written consent.

The Blossomwood Swim Association reserves the right to reject my entry and further reserves the right to change the details of the event without prior notice. I understand that my registration fee is non-refundable and payment is not transferable.

EMERGENCY CONTACT: Name and telephone number _____

I am at least 18-years of age and have read and understood the above.

X _____
Signature Date

I am under 18 years of age. My parent or legal guardian has read and understood the above and is signing below. He/She consents to my participation in the event under the terms hereof.

X _____
Signature Date