



Watertown Wavemakers
Swim Team of Watertown Boys & Girls Club



SWIMMER INFORMATION

FIRST AND LAST NAME: _____

DATE OF BIRTH: _____ **CURRENT AGE:** _____

HOME ADDRESS:

HOME TELEPHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

I have read the packet and understand all of its contents. I will follow the rules and regulations at each swimming facility I attend. I will also show respect and good sportsmanship to my team and the opposing team(s). Lastly, but most importantly I will challenge myself to new personal bests all while having FUN!

Swimmer Signature: _____ **Date:** _____

PARENT INFORMATION

1ST PARENT/GUARDIAN FIRST AND LAST NAME: _____

2ND PARENT/GUARDIAN FIRST AND LAST NAME: _____

1ST PARENT/GUARDIAN EMAIL ADDRESS:

2ND PARENT/GUARDIAN EMAIL ADDRESS:

1ST PARENT/GUARDIAN PHONE NUMBER #1: _____
PHONE NUMBER #2 _____

2ND PARENT/GUARDIAN PHONE NUMBER #1: _____
PHONE NUMBER #2: _____

IN THE EVENT OF AN EMERGENCY AND PARENTS/GUARDIANS CANNOT BE REACHED AT THE ABOVE NUMBERS PLEASE CONTACT: (PLEASE GIVE AT LEAST 2)

NAME _____ **PHONE NUMBER** _____
RELATIONSHIP TO SWIMMER _____

NAME _____ **PHONE NUMBER** _____
RELATIONSHIP TO SWIMMER _____

NAME _____ **PHONE NUMBER** _____
RELATIONSHIP TO SWIMMER _____

PLEASE LIST ANY HEALTH PROBLEMS/ALLERGIES/MEDICATION YOUR CHILD MAY HAVE OR TAKE THAT THE COACHES SHOULD BE MADE AWARE OF...

GREAT FUTURES START HERE

Watertown Wavemakers

Swim Team of Watertown Boys & Girls Club

I am enrolling my child _____, in the Watertown Boys & Girls Club (WBGC) swim team program.

I, _____ as the enrolled parent/guardian of the participant agree and understand that swimming is a hazardous activity. I am aware that there are risks in the sport of swimming, including but not limited to paralyzing injuries including death. I agree to have my child participate on the WBGC swim team and hereby agree to indemnify and hold harmless, the WBGC, its coaches, officers, directors, agents and employees against liability resulting from any injury that may occur to my child while participating on the WBGC swim team. The participant also agrees to indemnify Watertown Boys & Girls Club for any damages incurred arising from any claims, demand, action or cause of action by the participant.

I authorize any representative of the WBGC to have my child treated in any medical emergency during their participation in the WBGC Swim team. Further I agree to pay all costs associated with medical care and transportation for my child. I have noted above any medical/health problems of which the staff should be made aware or have attached any further explanation necessary.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE. I HAVE ALSO ATTENDED A PARENT MEETING AND IN DOING SO FULLY UNDERSTAND THE RULES AND REGULATIONS OUTLINED IN THE PACKET THAT I RECEIVED. I UNDERSTAND THAT MY CHILD MAY BE USED IN PHOTOS, VIDEOS, LITERATURE AND NEWS RELEASES WHEN TAKING PART IN CLUB PROGRAMS.

Parent/Guardian Signature: _____ **Date:** _____

To allow your child to travel by Watertown Boys & Girls Club Transportation: I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I also have read and explained the rules below to my child:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling,
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip,
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects, and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

Parent/Guardian Signature: _____ **Date:** _____

Office use only:

PAYMENT RECEIVED _____ AMOUNT \$ _____

CASH _____ CHECK # _____

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