



The Piranha Swim Team
2012 Winter Stroke Clinic
Registration and Emergency Medical Release

Swim Team Use Only

PAID \$ _____

Check # _____

Swimmer's Name: _____

Birth Date: _____ M ___ F ___

Age of Swimmer as of May 15, 2012: _____

School Swimmer Attends: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

City: _____ Zip: _____

Phone: (H) _____ (Cell) _____ (W) _____

Email Address* _____

***IMPORTANT:** The team will send notices via email. PLEASE PRINT CLEARLY.

How did you hear about the clinic (mark only one)?	<input type="checkbox"/> Returning swimmer		
<input type="checkbox"/> School Flyer	<input type="checkbox"/> Friend/Acquaintance	<input type="checkbox"/> E-mail Alert	<input type="checkbox"/> Other

Name of Second Contact: _____

Address: _____

Phone: (H) _____ (Cell) _____ (W) _____

Relationship to Swimmer: _____

Physician's Name & Phone: _____

Phone: _____

Swimmer's Medical Insurance Provider: _____

Address: _____

Policy Number: _____

Swimmer's Medical History:

Allergic to any drugs? ____ If so, what? _____

Any other allergies (i.e. bee stings, dust)? _____

Suffers from? (check those that apply)

__ asthma __ diabetes __ epilepsy

Currently taking any medication? ____ If yes, what? _____

Wears contacts? _____

Please provide any other information about the swimmer that you think may be important for the coach to know:

T-shirt size:

Youth: __ sm __ med. __ lg

Adult: __ sm __ med. __ lg

Consent and Release

I hereby give my permission for _____ (“Swimmer”) to participate on the Piranha Swim Team. Further, I authorize the Swim Team coach to provide emergency treatment for any injury or illness that Swimmer may experience. The coach is obliged to make every effort to contact a parent/guardian in the event of an emergency and to call for professional medical assistance if she/he deems it necessary to do so. I acknowledge and agree that I will be financially responsible for any hospital, ambulance, physician, and similar expenses, fees, and charges assessed in connection with the provision of medical assistance to Swimmer, and I will indemnify the Swim Team for any such expenses, fees, and charges incurred by it in providing such assistance to Swimmer.

I understand that swimming is a potentially dangerous activity. All risks to Swimmer, including (but not limited to) falls, cuts, and effects of weather, are known and appreciated by me. To the best of my knowledge, Swimmer is “water safe” in any depth of water. I understand that swimming on a swim team carries certain risks to the participant.

On behalf of myself, my spouse, Swimmer, and any other child(ren) I have, I hereby unconditionally waive and release the Piranha Swim Team, its coaches and Board of Directors, the Five Parks Homeowners’ Association and its Board of Directors, the Foothills Swimming Association and its Board of Directors, and North Jeffco Park and Recreation District and its officers, employees, and agents (each, a “Releasee”) from any injury that I or Swimmer may sustain, and from any damage that may be caused to my or Swimmer’s property, in connection with training sessions or swim meets (“Injury or Damages”). Further, I hereby covenant, on behalf of myself, my spouse, Swimmer, and any other child(ren) I have, not to sue any Releasee for any such Injury or Damage. Nothing in this Consent and Release shall be construed as a waiver by me of any minor (under the age of 18 years old) Swimmer’s or other child(ren)’s prospective claim(s) to the extent the same is a result of willful, reckless, or grossly negligent behavior.

In addition I understand that refunds will only be given for medical or relocation reasons with written documentation, less the administrative fee and will be prorated.

Parent/Guardian Signature

Date: _____

Parent/Guardian Printed Name

2011 Registration Fees:

\$90 first swimmer, \$85 each sibling

Mail Registration to:

**Erin Burns
10923 W. 84th Place
Arvada, CO 80005**