





Swim School, Swim Team, Water Polo

REGISTRATION FORM

Family Information

Please print the following Information. If we cannot read the information we cannot set up your account properly.

			Were you on the team before		
Parent or Guardian Information	Date	Form filled ou	t/ Info in computer TU		
Father	Cell I	Phone ()	Work ()		
Mother	Cell	Phone ()			
Family Mailing Address			Home ()		
City		Zip	{Student @ MCDS () Yes () No}		
E-mail address (required)					
			()ext		
Emergency Contact	Relation to s	wimmer	Emergency Phone (3:00- 8:00 pm		
Family Doctor to contact					
	A thle	ete(s) Infor	mation		
# 1					
	MI		Circle Sex Age Preferred Name		
Swimmers E-mail			Swimmers Cell ()		
Health Limitations			Dive Certified by		
Group			Date Certified		
Shirt size () small () Medium	m () Large	() X-Large	() XX-Large Shirt Delivered		
Circle all that apply (Lessons / Pre-Tea	am / Swim Team	Water Polo) Starting Date//_		
# 2		/ /	(M) or (F)		
Full Name (Last name / First)					
Swimmers E-mail					
Health Limitations					
Group			Date Certified		
Shirt size () small () Medium	m () Large	() X-Large	() XX-Large Shirt Delivered		
Circle all that apply (Lessons / Pre-Team	/ Swim Team	Water Polo)	Starting Date//		
#3		/ /	(M) or (F)		
Full Name (Last name / First)	MI	Birth Date	Circle Sex Age Preferred Name		
Swimmers E-mail			Swimmers Cell ()		
Health Limitations			Dive Certified by		
Group			Date Certified		
Shirt size () small () Medium	m () Large	() X-Large	() XX-Large Shirt Delivered		



ACKNOWLEDGMENT, RELEASE, AND WAIVER

/_	/	/	(name of participar	t or participants	
listed on this registration form) wishes to train an I, or the guardians of (if participant is associated with learning, training and composition of the polo team, the coaches, race and event organ am willing to release and hold harmless from person or entity. In consideration of their acceptance of release and forever discharge the Miami Coschool where the training and/or competition assigns, of all liability for existing or future way connected with my participation in swi injuries or death which may be suffered by above parties harmless from any claim asset understand that this Release-Waiver precluct the above parties. I have noted on this form any medical historeffect training and or competition.	under the age of 18) acknetition in swimming as we sport, the threat of a damizers, pool owners, and m suit all such persons are fine for training and/or fountry Day Aquatics and in is held, and all sponsor claims, actions, damages in training or competition me before, during or after the dagainst them which alles any claims or actions	nowledge that, just a vell as in water polo- lage suits could disconthers from becomin and entities, even from or competition, I, for or Miami Country Das, producers, their as, costs or expenses in, including claims a retraining or competarises out of any claims by me based upon to	I also acknowledge that becourage or preclude the swim of a involved in the sport. For a suit based on the alleged far my heirs, executors and admeray School, and all of the emprents, representatives, successivhich I may have arising out urising out of or during travel, ition, and I agree to indemnificant, damage, cost, or expense the negligence, action or inact	ause of the ream, water these reason I alt of that ministrators, sloyees of the sors and of or in any and including y and hold the of mine. I ion of any of	
I HEREBY AFFIRM that I am eighteen (18 Date Signature) years of age or older, I :			itents.	
Print Nar	me:				
For persons under eighteen (18) years of the following section:	age, a parent or legal g	uardian must sign t	he above Release-Waiver a	nd complete	
I the undersigned, the parent and natural or hereby acknowledges that he or she has excherein. As the natural or legal guardian of sheirs, next of kin, successors and assigns to authority to act for and on behalf of the min entities mentioned in the foregoing Release insufficiency of my legal capacity or author	cuted the foregoing Rele such minor or minors, I h the terms of the foregoin or or minors named here Waiver for all claims ma	ase-Waiver for and ereby bind myself, to green Release-Waiver. in, and I agree to incade or liabilities asse	on behalf of the minor or min he minor and our executors, a I represent that I have the leg demnify and hold harmless the essed against them as a result	ors named administrators, al capacity and e persons or of any	
Print Name of Parent/Guardian		S	ignature of Parent/Guardian:		
 I understand there will be no refunds. will not be made up this includes sickness. I understand that when I register my clear family billed until MCDA has received. I understand that all USS meets have for it understand and agree I will park only. I understand (as Swim Team families someone help at each Home Meet or 	Credit will be given for hild for Swim Team and dan emailed letter telling rees attached and I am read in designated parking subut not Lesson program pay a Fee as explained in	tracted times. Days proven medical rearly proven medical rearly water Polo Team gus to cancel or suspensible for all fees paces. The or Water Polo ments the contract.	son for 2 weeks or longer. In that the child will be enrolled been the account. Is incurred at meets entered. In that I must have	Int Int Int	
I have read and understand the explanation of Day Aquatics; Swim School, Swim Team at				Inami Country	
Signature of Parent / Guardian					