



New Member Team Registration Form

Tampa Palms Country Club Member? **Y / N** (circle one) Westchase HOA Resident? **Y / N** (circle one)

Assessment date: _____ **Practice Group:** _____ **Lessons:** **Y / N**

Being of lawful age and in consideration of being permitted to participate in the activity described below, the Participant / releases forever discharges the Activity Provider, its owners, location or property owner, directors, officers, employees, agents, assigns, legal representatives and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the activity described below, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Activity Provider. The Releasor understands that the participant will not be permitted to participate in the activity described below unless the Releasor signed and dates this agreement. Email completed form back to coachpiper1@gmail.com.

Participant Information (list additional participants on the top of this form):

First Name _____ MI ____ Last Name _____ D.O.B _____ M F (circle one)

First Name _____ MI ____ Last Name _____ D.O.B _____ M F (circle one)

1. The Participant's parent or guardian acknowledges that this Agreement is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant and with the intention of binding the Participant's spouse, heirs, executors, administrators, legal representatives, and assigns.
2. The Participant's parent or guardian understands that by signing this Agreement, the Participant agrees to be forever prevented from suing or otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may sustain while participating in or preparing for the above-noted activity. will participate in the following activity: (CIRCLE all that apply) **Photo, Swim Team, learn to swim, Camp or Clinic, Ride to and or From practice / activities with parents' permission and acknowledgement**
3. The Participant's parent or guardian has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Agreement.
4. This Agreement contains the entire agreement between the parties to this Agreement and the terms of this Agreement are contractual and not a mere recital and will be construed in accordance with and governed by the laws of the State of Florida. Sheet must be filled out completely prior to any lessons or swim team!

Location: **Tampa Palms** / **Westchase** **School name:** _____

Parent Information: First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Parent CODE OF CONDUCT:

the purpose of a code of conduct for Parents is to establish consistent expectations for behavior by those working with the Athletes. As a parent, I understand the importance of following the team rules for the betterment of athletes to grow and develop through instruction while supporting the coaches and your athlete. I also understand that it is essential to keep the Coaches informed of any potential signs of struggle. I agree with the following statements:

☐ I will set the right example for our Athletes by demonstrating sportsmanship and always showing respect and common courtesy to the coaches, team members, competitors, officials, parents, and all facilities.

- ☐ I will do my best not to coach my child on the pool deck during practices or meets.
- ☐ I understand that criticizing, name-calling, use of abusive language or gestures directed toward Coaches, officials, volunteers, and/or any participating swimmer will not be tolerated and are reasons for dismissal from the program.
- ☐ At meets, I will respect the integrity of the officials and the calls they make.
- ☐ I will follow the line of Safe sports rules and guidelines to the best of my abilities. I understand the above expectations and that my failure to adhere to them may result in disciplinary action or removal from the team.

Parent/Guardian Signature _____ Date ____/____/____

Email form back to Coachpiper1@gmail.com

Any questions text or call 941.228.9777 coach Patrick