

HOMEWOOD-FLOSSMOOR SWIM CLUB (HFSC), Inc.

**Swimmer Registration
SPRING/SUMMER 2024**

PLEASE PRINT LEGIBLY.

Swimmer Information:

Last Name	First Name	MI	Gender	Birth Date	Age
Last Name	First Name	MI	Gender	Birth Date	Age
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Communication with parents regarding Club activities is very important. Please complete all contact information below and notify the Membership Director with any updates to the information throughout the season to assure you receive timely updates. Thank you.

Father's Name	_____	Mother's Name	_____
Address	_____	Address	_____
City/State/Zip	_____	City/State/Zip	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Email Address**	_____	Email Address**	_____

*In the event of an emergency, please indicate the phone number you wish to be contacted at: _____

**An email address is required for registration.

In situations of separation/divorce, please indicate with whom the child/children reside: Father [] Mother []
Phone information and mailings should be directed to: Both [] Father [] Mother []

If this swimmer has been on another swim team, please answer the following. List, with dates, this swimmer's:

Previous swim team affiliation _____
 Is this swimmer currently registered with USA Swimming? _____ Date of the last USA Athlete Registration _____

LIABILITY AND WAIVER STATEMENTS

Please read the following liability and waiver statements. Then sign the acknowledgment.

LIABILITY STATEMENT. Parents or guardians of HFSC swimmers are liable for any damage to property or injury to individuals caused by their swimmers at the Homewood-Flossmoor High School or at any facility or venue the Homewood-Flossmoor Swim Club visits in any capacity.

WAIVER STATEMENT. As the parent or guardian of one or more participants in the swimming clinics and/or swimming season of the Homewood-Flossmoor Swim Club (HFSC), I realize and acknowledge that there exists possibilities of physical injury, and I agree to assume the full risk of any and all injuries, damages or losses which my swimmer(s) may sustain or receive as a result of participating in any and all activities connected with or associated with the HFSC. I agree to waive and relinquish any and all claims against the HFSC and its' officers, agents, servants and employees I, or my swimmer(s) may sustain or receive as a result of our participating in the HFSC program. I agree to waive and relinquish any and all claims against the HFSC and its' officers, agents servants and employees from injuries, damage or loss which may accrue to me, or my swimmer(s) as a result of our participation in the HFSC program. I further agree to indemnify and hold harmless and defend the HFSC and its' officers, agents, servants and employees from any and all claims sustained by me or my swimmer(s) arising out of, connected with, or in any way associated with the HFSC program.

ACKNOWLEDGMENT. I have read and fully understand the above liability and waiver statements. I fully understand all program details, including parent's or guardian's liability and parent's or guardian's waiver and release of all claims. I understand the responsibilities and risks involved in participating in the HFSC program.

Name of Swimmer(s) _____ Date _____

Parent/Guardian Signature _____

