## MOUNTAIN HI SWIM LEAGUE 2024 REGISTRATION AND INSURANCE FORM

DATE\_\_\_\_\_

(PLEASE PRINT CLEARLY)

TEAM NAME: \_\_\_\_\_

| Swimmer's Lega                   | Name                | ne Gender Age By |       | Age By | Birth Date |         | Team |    |      |
|----------------------------------|---------------------|------------------|-------|--------|------------|---------|------|----|------|
| Last Name                        | Legal First<br>Name | M.I.             | М     | F      | 6/1/24     | ММ      | DD   | YY | Fees |
|                                  |                     |                  |       |        |            |         |      |    |      |
|                                  |                     |                  |       |        |            |         |      |    |      |
|                                  |                     |                  |       |        |            |         |      |    |      |
|                                  |                     |                  |       |        |            |         |      |    |      |
|                                  |                     |                  |       |        |            |         |      |    |      |
| Note: If a swimmer does not have | a middle initial, p | out in an        | aster | isk*   |            |         |      |    |      |
| Parent (Legal Guardian) Info     | rmation             |                  |       |        |            |         |      |    |      |
| Mother's Name:                   |                     |                  |       |        | Ema        | il:     |      |    |      |
| Phone: (H)                       |                     | (W)              |       |        |            | (C) _   |      |    |      |
| Address:                         |                     |                  |       |        |            |         |      |    |      |
|                                  |                     |                  |       |        |            |         |      |    |      |
|                                  |                     |                  |       |        |            |         |      |    |      |
| Father's Name:                   |                     |                  |       |        | Ema        | il:     |      |    |      |
| Phone: (H)                       |                     | (W)              |       |        |            | (C) _   |      |    |      |
| Address:                         |                     |                  |       |        |            |         |      |    |      |
|                                  |                     |                  |       |        |            |         |      |    |      |
|                                  |                     |                  |       |        |            |         |      |    |      |
| Emergency Contact:               |                     |                  |       |        |            | _ Phone | :    |    |      |

## **INSURANCE WAIVER**

| This i agree next coincide | FOR PARENTS/GUARDIANS  (UNDER AGE 18 AT is to certify that I, as parent/guardian with the to his/her release as provided above of a of kin, I release and agree to indemnify and the to my minor child's involvement or particular.  ING FROM THE NEGLIGENCE OF THE R | T TIME OF REGISTRATION I legal responsibility for the legal responsibility for the legal the Releases, and, for the legal hold harmless the Release icipation in these programs  | is participant, do consent and myself, my heirs, assigns, and sees from any and all liabilities as provided above, EVEN IF           |  |  |  |  |
|----------------------------|---|--|--|--|--|--|--|
| This i agree next coincide | (UNDER AGE 18 AT is to certify that I, as parent/guardian with to his/her release as provided above of a of kin, I release and agree to indemnify and to my minor child's involvement or particular.  | T TIME OF REGISTRATION I legal responsibility for the legal responsibility for the legal the Releases, and, for the legal hold harmless the Release icipation in these programs  | is participant, do consent and myself, my heirs, assigns, and sees from any and all liabilities as provided above, EVEN IF           |  |  |  |  |
|                            |   |  |  |  |  |  |  |
|                            |   |  |  |  |  |  |  |
| <b>PART</b>                | FICIPANT'S SIGNATURE*<br>L <b>Y IF 18 YEARS OLD AT TIME OF REGISTRA</b> T   | AGE<br>FION)   | DATE SIGNED  |  |  |  |  |
| UNDE                       | ERSTAND ITS TERMS, UNDERSTAND THE ING IT FREELY AND VOLUNTARILY WITH  | THAT I HAVE GIVEN UP   | SUBSTANTIAL RIGHTS BY  |  |  |  |  |
| I HA\                      | HEREBY RELEASE, INDEMNIFY, AND (Swim Team Name), their officers, of sponsoring agencies, sponsors, advertion used for the activity ("Releasees"), WIDEATH, or loss or damage to per NEGLIGENCE OF THE RELEASEES OF LIABILITY  | officials, agents and/or e<br>sers, and, if applicable, ov<br>TH RESPECT TO ANY Al<br>rson or property, WHET<br>PR OTHERWISE, to the full  | mployees, other participants, where and leasers of premises ND ALL INJURY, DISABILITY, HER ARISING FROM THE extent permitted by law. |  |  |  |  |
| 3.<br>4.                   | <ul> <li>I willingly agree to comply with the state<br/>however, I observe any unusual significations remove myself from participating and brimmediately; and,</li> <li>I, for myself and on behalf of my he</li> </ul>   | ricant hazard during my pring such to the attention o  | resence or participating, I will f the team and league officials   |  |  |  |  |
|                            | ARISING FROM THE NEGLIGENCE responsibility for my participation; and,   |  |  |  |  |  |  |
| 2.                         | for permanent paralysis and death, and  | njury from the activities involved in this program is significant, including the potential nt paralysis and death, and while particular skills, equipment, and personal discipline the risk, the risk of serious injury does exist; and, |  |  |  |  |  |
|                            | . The risk of injury from the activities invo   |  |  |  |  |  |  |