

# Sugarwood Stingrays Swim Team 2016 Registration Form

Family Last Name: \_\_\_\_\_

Family ID Number (SWSR use only) \_\_\_\_\_

SWSR Cost Per Family Member	Amt. Due	Swimmers Name	Date Of Birth	M/F	Shirt Size: Y=Youth A=Adult YS,YM,YL, AS,AM, AL	Age Prior to 6/1/16	First year swim Y/N	Num. Yr.(s) Comp. swim	Num. Yr.(s) SWSR swim	All year swim Y/N
\$150										
\$140										
\$130										
\$60										

**A Senior Swimmer (ages 15 and up) membership cost is \$80 each swimmer.**

2016 Fund Raiser (3 KK Cert./ family) = **\$24.00 or \$15.00 Contribution** Make Checks Payable to **SUGARWOOD STINGRAYS, INC**  
 2016 SWSR Registration Amount Total: \_\_\_\_\_ **Forms Received** Y/N-GKAISA Y/N-concussion Y/N-SMI/ CITY MEET

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

SWIMMER Emails: \_\_\_\_\_

SWIMMER cell #'s: \_\_\_\_\_

Swim Meet	6/4/16 HOME Red & Black	6/16/16 HOME VG	6/23/16 AWAY GMST	6/28/16 AWAY CHRA	6/30/16 HOME KRC	7/12/16 HOME GP	
Swim Meet Worker Assignment							
Shift Assignment							

**Parent Committee Position:** \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.**

**NOTE: THIS FORM INCLUDES RELEASE OF LIABILITY**

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

**AUTHORIZATION AND RELEASE OF LIABILITY**

I, the parent or guardian of the above-named child(ren), authorize the participation of my child(ren) in the Sugarwood Stingrays, Inc. swim team organization.

I understand that the Sugarwood Stingrays, Inc is a nonprofit organization for youth and that my child(ren) participation is voluntary and not essential to completion of requirements of any program, school or government agency. I also understand and agree that my child(ren) participation in athletic and other activities of the Sugarwood Stingrays, Inc swim team necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, drowning, collision or dispute with other participants, weather related injuries, playing area, pool area, and equipment defects, and negligence of coaches, referees, and volunteers. On behalf of my child(ren), me, and my family, I assume these risks.

In consideration of the privilege of my child(ren)'s participation in the Sugarwood Stingrays, Inc. swim team, and on behalf of my child(ren) and me as parent/guardian, I hereby release, discharge, hold harmless, and indemnify, and covenant not to sue, the Sugarwood Stingrays, Inc., GKAIISA, Sugarwood Homeowners Association, directors, officers, coaches, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Sugarwood Stingrays, Inc. (including without limitation any other participating swim team, sponsors, parents, vendors, coaches and other swim meet event workers, officials, referees, drivers, and organizations) as to any and all claims of my child(ren), me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child(ren)'s participation in the Sugarwood Stingrays, Inc swim team, and any first aid, medical care or treatment provided to my child(ren) in the event my child is injured or becomes ill while participating in the Sugarwood Stingrays, Inc. activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child(ren). If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my child(ren)'s name, picture, and written accounts for any participation in Sugarwood Stingrays, Inc sponsored event.

**MEDICAL CONDITIONS**

I understand that participation in the Sugarwood Stingrays, Inc swim team may involve strenuous and prolonged physical activity. I agree that my child(ren) is/are healthy and able to participate in the swim team activities.

I understand that Sugarwood Stingrays, Inc. or its representative may request health information concerning my child(ren) and/or ask my child(ren) to undergo medical exam. If the Sugarwood Stingrays, Inc. determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in the Sugarwood Stingrays, Inc. activities. The Sugarwood Stingrays, Inc. may determine that my child(ren) cannot be permitted to participate. I understand and agree that, while the Sugarwood Stingrays, Inc. swim team desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child(ren) and other participants.

**CONSENT OF MEDICAL TREATMENT**

In the event my child is injured or becomes ill in the Sugarwood Stingrays, Inc activities, and if I, the parent or guardian of the above-named child(ren), are not present to make medical decisions, I hereby authorize the Sugarwood Stingrays, Inc., its staff, volunteers including volunteer parent participants, coaches, assistant coaches, referees, supervisors, and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child(ren).

My signature below indicates that all the information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent of Medical Treatment.

**Parent Signature:** \_\_\_\_\_ **Parent Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_