

# WESTVIEW SWIM TEAM REGISTRATION & CONSENT FORM

## Part 1 – Swimmer Information & Registration

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ M/F Shirt Size: Adult/Youth S M L Other: \_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ M/F Shirt Size: Adult/Youth S M L Other: \_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ M/F Shirt Size: Adult/Youth S M L Other: \_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ M/F Shirt Size: Adult/Youth S M L Other: \_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ M/F Shirt Size: Adult/Youth S M L Other: \_\_\_\_

Payment Attached: \$ \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

*\*\* Please provide an email address – most of our communication is done by email. \*\**

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

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Part 2 – Consent to Participate and Release of Liability

We, the undersigned, consent to the participate of the above-named child(ren) in the practice sessions and competitive meets of the SOUTHWEST SWIM LEAGUE on the Westview Swim Team, which will provide a supervised competitive swim program. In consideration of participation in this program, we, the undersigned, on behalf of ourselves, our heirs, legatees, and assigns, do hereby agree to indemnify, save, and hold harmless the SOUTHWEST SWIM LEAGUE and the Westview Swim Team, and any of their officers, agents, representatives, employees, coaches, volunteers, successors, or assigns for any claim for injury, death, and/or disability arising out of or resulting from participation in this competitive swim program.

We, the parents/guardians of the above-named child(ren), do hereby give our approval for participation in all of the scheduled activities during the Westview Swim Team season. In case of injury to the above-named child(ren), we hereby waive all claims against SOUTHWEST SWIM LEAGUE, the Westview Swim Team, and any of their officers, agents, representatives, employees, coaches, volunteers, successors, or assigns from any and all claims resulting from injuries, including loss of life, damages, and losses arising out of, connected with, or in any way associated with activities of the of the SOUTHWEST SWIM LEAGUE or the Westview Swim Team program. We likewise release from responsibility any person transporting the above-named child(ren) to and from activities related to the Westview Swim Team. We also certify that the above-name child(ren) are in good health and have no known disabilities or physical restrictions that would prohibit participation in the Westview Swim Team practices, meets, and other sponsored activities.

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION

**Swimmer Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

## PART 3 OR 4 MUST BE COMPLETED FOR EACH CHILD

### Part 3 – Consent for Medical Treatment

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other parent/guardian) at \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give consent for: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician & phone number) or Dr. \_\_\_\_\_ (preferred dentist & phone number), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the above-named child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed doctors or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the above-named child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

### Part 4 – Refusal to Consent

**\*\* Do not complete Part 4 if you completed Part 3 \*\***

I do not give my consent for medical treatment of my child, in the event of illness or injury requiring emergency treatment, I wish the Westview Swim Team to take no action or to:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

# 2014 WESTVIEW SWIM TEAM

## FUNDRAISERS & PHOTO RELEASE

Westview Swim Team will have two fundraisers this year, both of which are optional: candy bar sales and the Swim-a-Thon. The Board has decided to make these fundraisers voluntary. Families who participate in the candy sale will have their registration fees reduced by \$30 for each box of candy sold. Swimmers who participate in the Swim-a-Thon will be eligible to receive prizes based on the number of laps swam and the amount of pledges collected.

All candy money (\$78/box) must be turned in by June 4<sup>th</sup>, and all Swim-a-Thon pledges must be turned in by July 18<sup>th</sup>. Swimmers will not be allowed to participate in practices or meets, including Championships, if they have any outstanding fees or monies that are unpaid.

### ACKNOWLEDGEMENT OF FUNDRAISER PARTICIPATION

I, parent of \_\_\_\_\_ (Name of Swimmer)  
choose to sell \_\_\_\_\_ box(es) of candy. I understand that payment of \$\_\_\_\_\_ (\$78/box) must be  
turned in no later than June 4<sup>th</sup> or my child(ren) will not be allowed to participate in practices or meets,  
including Championships, until it is paid in full.

I further understand that the candy bars will be sold at 2/\$3.00. \_\_\_\_\_ (Parent's Initials)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

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### PHOTO RELEASE AUTHORIZATION

I hereby authorize Westview Swim Team to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in Westview Swim Team's printed publications, website, and "Swimmer of the Week" events.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_