

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: ____

Payment Attached: \$ _____

Parent(s)/Guardian(s) Names: _____

(required) Parent Email Address: _____

Address: _____ Home Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Alternate Emergency Contact: _____ Phone: _____

*****Swimmers MUST be 5 years old by June 1st and be able to swim 25 yards unassisted*****

_____ **(please initial on the line that you are aware of the above requirements)**

Part 2 – Consent to Participate and Release of Liability

We, the undersigned, consent to the participation of the above-named child(ren) in the practice sessions and competitive meets of the Southwest Swim League and Westview HOA 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, Westview HOA Swim Team, Westview Home Owners Association, 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 HOA Swim Team season. In case of injury to the above-named child(ren), we hereby waive all claims against Southwest Swim League, Westview HOA Swim Team, Westview Home Owners Association, 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 Westview HOA Swim Team. We likewise release from responsibility any person transporting the above-named child(ren) to and from activities related to the Westview HOA 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's First & Last Name: _____

Street Address: _____

City, State, Zip: _____

PART 3 OR 4 MUST BE COMPLETED FOR EACH CHILD

Part 3 – Consent for Medical Treatment

In the event reasonable attempts to contact _____ (parent) 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: _____

WESTVIEW HOA SWIM TEAM

PHOTO RELEASE AUTHORIZATION

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

Signature: _____ Date: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____