

**Fort Johnson Dolphins Swim Team - 2019**

**Registration Fee = \$115**

(Price increase to cover season fees per swimmer for new timing system)

Swimmer: #1 \_\_\_\_\_ (M or F) DOB \_\_\_\_\_

Age as of June 1 \_\_\_\_\_

T-Shirt Size (circle) YS YM YL AS AM AL AXL

Swimmer: #2 \_\_\_\_\_ (M or F) DOB \_\_\_\_\_

Age as of June 1 \_\_\_\_\_

T-Shirt Size (circle) YS YM YL AS AM AL AXL

Swimmer: #3 \_\_\_\_\_ (M or F) DOB \_\_\_\_\_

Age as of June 1 \_\_\_\_\_

T-Shirt Size (circle) YS YM YL AS AM AL AXL

Swimmer: #4 \_\_\_\_\_ (M or F) DOB \_\_\_\_\_

Age as of June 1 \_\_\_\_\_

T-Shirt Size (circle) YS YM YL AS AM AL AXL

**Are you a resident of the Fort Johnson Estates Neighborhood? Yes No**

Street Address \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

**Parents/Guardians**

Mother \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**I, the undersigned, hereby give approval for my child(ren) to participate with the Fort Johnson Dolphins Swim Team. I acknowledge the Team will not issue a refund if my child does not participate for whatever reason.**

X \_\_\_\_\_ (Parent/Guardian Signature) (Print Name) Date Signed

**ALL (3) PAGES + PAYMENT IN FULL ARE REQUIRED PRIOR TO ENTERING THE POOL  
Release of Liability for Minor Participants \*\*READ BEFORE  
SIGNING\*\***

**IN CONSIDERATION OF (child's name) \_\_\_\_\_, my minor child/ward ("my child") being allowed to participate in any way in the Fort Johnson Estates Swim Team (The Dolphins); related event and activities, the undersigned acknowledges, appreciates, and agrees that:**

1. The risk of injury to my child from the activities involved in these programs is significant including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and 2. I myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERRED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. 3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my child's participation; and, 4. I willingly agree to comply with the program's stated and customary terms and conditionS for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and, 5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, the fullest extent permitted by law.

I HAVE READ AND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**There is no health/accident insurance afforded by the Fort Johnson Estates Swim Team--The Dolphins.  
We have our family's health/accident coverage with \_\_\_\_\_**

**X \_\_\_\_\_ Parent/Guardian Signature Print Name Date Signed  
(SIGNATURE INDICATES THIS FORM HAS BEEN READ IN ITS ENTIRETY)**

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**ALL THREE PAGES + PAYMENT IN FULL ARE REQUIRED PRIOR TO ENTERING POOL  
EMERGENCY CONTACT INFORMATION**

**Swimmer's Name \_\_\_\_\_**

**Home Address \_\_\_\_\_**

**Mother's Phone #'s \_\_\_\_\_**

**Home Work Cell Work Address \_\_\_\_\_**

**Father's Phone #'s \_\_\_\_\_**

**Home Work Cell Work Address \_\_\_\_\_**

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**Pediatrician/Family Physician**\_\_\_\_\_ **Phone**\_\_\_\_\_

**Allergies(list all)**\_\_\_\_\_

**Medication (list all)**\_\_\_\_\_

**Medical Conditions**\_\_\_\_\_

I hereby grant and or consent that my child be provided any necessary care as result of any injury/illness while participating with the Fort John Swim Team--The Dolphins. This consent includes First Aid and transportation to/from Health Care Providers. As stated on the Release of Liability for Minor Participants, there is no health/accident insurance afforded by the Fort Johnson Estates Swim Team--The Dolphins.

We have our family's health/accident coverage with\_\_\_\_\_

X\_\_\_\_\_ Parent/Guardian Signature Print Name Date Signed

Page 3 of 3 ALL 3 PAGES + PAYMENT IN FULL ARE REQUIRED PRIOR TO ENTERING POOL