# 2018-2019 REGISTRATION

Gold ___ Sr.Blue ___ Jr. Blue___ White ___ Male ___ Female ___

Swimmer's Name : _____ _____
(last) (first)

Birth Date: _____
(yyyy/mm/dd)

Health/Medical Conditions:

_____

_____

Primary Contact: _____ Relationship to Swimmer: _____

Home Phone: _____Work Phone: _____

Cell Phone: _____E-mail: _____

Address: _____

Secondary Contact: _____ Relationship to Swimmer: _____

Home Phone (if different from above): _____Work Phone: _____

Cell Phone: _____E-mail: _____

Address (if different from above): _____

I authorize the above named swimmer, to participate in swim meets as a member of the Breakers Swim Team under the direction of the team's coaching staff. I understand that there are additional fees required to attend swim meets and agree to pay such items (i.e. meet fees, travel costs, accommodations, meals, etc.)

The Breakers Swim Team have tried to create a safe and controlled environment for participating, however, there is a potential risk of injury involved in training, participating and competing in swimming. The Breakers Swim Team, Coaches and Officials establish rules for participation and conduct on and around the swim pool that must be followed. Additionally, there is a Parent's Code of Conduct which is outlined in our Handbook. Failure to abide by this Code of Conduct may result in disciplinary actions up to and including expulsion from the Breakers Swim Team.

As the parent/legal guardian of the swimmer listed above, I agree to assume the risk inherent in participating with the Breakers Swim Team as well as abide by the rules established by the Breakers Swim Team, its Coaches and Officials. Additionally, I release the Breakers Swim Team, its Executive, Board of Directors, Coaches and Volunteers from any from any and all claims that may arise by reason of the swimmers participation with the Breakers Swim Team.

X_____ _____
Signature of Parent/Legal Guardian Breakers Swim Team Registrar