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 **Legend Oaks Swim Team**

 **2021 Registration Form**

**Swimmer Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Age on 6/1/21: \_\_\_\_\_ M/F

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Age on 6/1/21: \_\_\_\_\_ M/F

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Age on 6/1/21: \_\_\_\_\_ M/F

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Age on 6/1/21: \_\_\_\_\_ M/F

**Parent Information**

Parent Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Preferred Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Concerns/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Legend Oaks Swim Team Agreement**

* I will encourage good sportsmanship by demonstrating positive support for all swimmers, coaches and officials at every meet.
* I will demand a sports environment that is free from drugs, tobacco and alcohol and will refrain from their use at all swim practices and meets.
* I will keep myself informed about team news and events, for the benefit of my child and myself.
* I will help my child enjoy the swim experience by doing whatever I can, such as being a respectful fan, volunteering as needed, or providing transportation.
* I acknowledge that I have read and understand the Legend Oaks Swim Team agreement.
* I acknowledge that I have read and understand the Legend Oaks Swim Team COVID-19 agreement

Parent/Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABSOLUTELY NO REGISTRATION FEE REFUNDS WILL BE GIVEN AFTER THE FIRST WEEK OF PRACTICE!**

**Legend Oaks Swim Team**

**Waiver/Release of Liability**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the parent or guardian of the above mentioned, hereby give approval for his/her/their participation in any/all clinics, practices, meets and activities.

I understand that the Legend Oaks Swim Team LLC and Legend Oaks Golf Operations LLC/Legend Oaks Facilities LLC assumes no responsibility for injuries or illnesses which the above referenced child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports program, and the use of any equipment, exercise or other activities. I hereby release and discharge the Legend Oaks Swim Team LLC and Legend Oaks Golf Operations LLC/Legend Oaks Facilities LLC, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from the above referenced child(s) participation in these activities.

I, parent/guardian of the above-named candidate(s) for a position in the above-mentioned aquatics program, herby give approval to his/her/their participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities. I hereby waive, release, absolve, indemnify to hold harmless the parent or local league organization, the organizers, supervisors, coaches, participants and person transporting this participant to/from activities, for any claim arising out of an injury to him/her except to the extend and in the amount covered by accidental or liability insurance held by the local league. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physicians, hospital, or medical clinic, should he/she become ill or injured while participating in league activities away from home, or at other times while neither parent is available to grant authorization for emergency treatment.

I further understand that the Legend Oaks Swim Team LLC and Legend Oaks Golf Operations LLC/Legend Oaks Facilities LLC are not responsible for personal property lost or stolen while members and/or program participants are using Legend Oaks Golf Club facilities or on the Legend Oaks Golf Club premises.

I give my permission to the Legend Oaks Swim Team LLC and Legend Oaks Golf Operations LLC to use, without limitation or obligation, photographs, film footage, or tape recordings which may include me (or my dependent's) image or voice for purposes of promoting or interpreting Legend Oaks Swim Team and Legend Oaks Golf Operations LLC.

I also grant permission to the Legend Oaks Swim Team LLC and Legend Oaks Golf Operations LLC to authorize and obtain medical care from any licensed Physician, hospital or medical clinic, should the above referenced child become ill or injured while participating in Legend Oaks Swim Team activities if I am not available to grant authorization for emergency treatment. I realize I may be responsible for the resulting medical bills.

**HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.**

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

Parent /Guardian Date