



SJRYC Pre Swim Team Registration & Hold Harmless Agreement

This form must be signed and returned to the club's coach before the listed child\children can participate in swim team activities.

Club Membership Number _____

Parent Name: _____

Home Phone: _____

Cell Phone 1: _____

Cell Phone 2: _____

Email Address 1: _____

Email Address 2: _____

Emergency Information and Medical Release

I hereby consent to participation by my child/children listed below on our club team.

Athlete's First Name	Athlete's Last Name	Birthdate*	Swimming Level**

*Child must be age three, able to follow directions, and fully potty trained.

**Beginner

I understand this activity involves an element of risk of bodily injury, including, but not limited to, activities occurring in a pool, on a pool deck, on a starting block, around the facility, travel, and/or while performing a racing start. We will assume all risks associated with and incidental to participating on a swim team.

My child/children have no special medical conditions, except those described below, and is fit to participate on a swim team.

Special medical conditions: _____

In consideration of the right and privilege for my child to participate, we hereby release, waive, and agree to hold harmless and indemnify the Saint Joseph River Yacht Club, its members, directors, and employees, and volunteers and the club hosting an event and its members, directors, and employees, and coaches, organizers, and parent volunteers for any and all liability, claims, legal actions, and demands of any nature whatsoever which may arise from or in connection with the swim team or related activities.

I understand that events may take place away from our club. I understand that the coaches are not responsible for transportation to swim meets or related swim team activities.

SJRYC may / may not publish photos of my child(ren) on the SJRYC website. **SJRYC** will not publish the names of any children.

Parent Volunteers: Please understand that every family is expected to help in some capacity for each swim meet (either before, during, or after) due to the large number of volunteers needed to run a swim meet. Thank you so much.

I hereby authorize emergency medical/dental care and treatment for my child as necessary. I have read and agree to the release. Our family has discussed the league's Code of Conduct and understands what is expected of parents and swimmers. We understand the Eligibility rules of the league and certify that our family meets these guidelines of club membership.

Parent or guardian

Date

Fees

Full Session -- June 8 - July 17

Each swimmer: \$65.00

Half session -- June 8 - June 26 or June 29 – July 17

Each swimmer: \$35.00