



## Piedmont Dive Team Registration Form

**To ensure safety, participants must be able to swim from the middle of the deep end of the pool to the ladder with minimal assistance by the first day of practice.**

| Competitor Name | Age as of 12/31 | Date of Birth mm/dd/yy | Dive Team** |
|-----------------|-----------------|------------------------|-------------|
|                 |                 |                        |             |
|                 |                 |                        |             |
|                 |                 |                        |             |
|                 |                 |                        |             |

Competitors will dive in the age group that he/she will be as of December 31<sup>st</sup>.

**CONTACT INFORMATION:**

Parent/Guardian name if under 18: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mom's cell: \_\_\_\_\_ Dad's cell: \_\_\_\_\_

**E-mail Address (es):** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions of any participants: \_\_\_\_\_

**I give my permission for my child(ren) to receive medical care in an emergency in the event that I cannot be reached.**

Sign \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTEER INFORMATION:**

All parents are encouraged to attend the Judges Training Clinic. Date to be announced.

Volunteers are needed at the meets to assist with score computation, ribbons, snacks, and Fun Days. Please watch for the volunteer schedule to be posted.

I, the undersigned parent/legal guardian of the above listed participants, acknowledge that I understand the risks inherent in swim and/or dive team activities. I agree for myself, my family, heirs, and assigns, not to sue and do hereby release, indemnify and hold harmless Piedmont Recreation Association (PRA), its owners, officers, agents, instructors, and volunteers from any and all present and future liability, claims, demands, or causes of action whatsoever arising from the participation in any and all activities associated with Piedmont Swim Team. I understand that this Release of Liability shall be as broad and inclusive as permitted by the laws of the State of Alabama. I understand that by signing this form, I am giving up legal rights and remedies which may be available to me for the ordinary negligence of any of the parties listed above.

I acknowledge that I am aware of the inherent risks involved in the event, and I voluntarily assume these risks. I attest and verify that the participant is capable to engage in such activities for Piedmont Recreation Association's swim and/or dive team(s).

As a condition of my child's participation in this Event, I hereby grant Piedmont Recreation Association a limited license to use his/her name, likeness, image, voice, video, athletic performance, biographical and other information (collectively, "Likeness"), in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the event. The foregoing grant, however, does not constitute consent to use my Likeness in an endorsement of any product or service without my specific written consent.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Must be at least 18-years of age and have read and understand the above).

| <b>Fees</b>   | <b>First</b> | <b>Second</b> | <b>Third</b> |  |
|---------------|--------------|---------------|--------------|--|
| <b>Divers</b> | \$20         | \$20          | \$20         |  |

|   |                      |
|---|----------------------|
| <b># of Divers:</b>   | <b>Amount Due \$</b> |
| <b>Tee Shirts:</b><br>(YS, YM, YL, AS, AM, AL, AXL, AXXL)<br><br>Tee shirt optional | <b>Amount Due \$</b> |
|   | <b>TOTAL DUE \$</b>  |

*Make check payable to "PRA"*

Return to Debra Kibler, PRA Dive Rep, 509 Homewood Drive, Huntsville, AL 35801

***The \$20 dive fee includes RCSL dues and end of season awards. Additional money needed during the dive season will be team swim suit(optional), tee-shirt (note if your child swims, the swim fee includes the tee-shirt), city meet goodie bags and swim/dive banquet. Optional donations towards monetary gifts will be collected to recognize our coaches at the end of the season. The \$20 dive fee does not provide a salary for our coaches.***

|                            |
|----------------------------|
| <u>Official Use Only</u>   |
| Amount Paid \$ _____       |
| Check Number: _____        |
| Cash: _____                |
| Membership Verified: _____ |

## RCSL City Meet permission/waiver

\_\_\_\_\_ (parent) gives full permission and consent for their child \_\_\_\_\_ to participate in all activities of the Rocket City Swim League (RCSL) City Meet including practice, swim meets, diving, and meetings. I understand that the RCSL City Meet is elective, and, therefore, because my child has chosen to participate in the RCSL City Meet, I further agree:

1. I authorize the Coaches, Teachers, employees, or Huntsville Natatorium Pool Life Guards thru medical professionals of their own choice, to obtain any medical emergency care that may become reasonably necessary for the child in the course of activities or practice of the RCSL City Meet.
2. I accept responsibility for payment of all medical bills, including, but not limited to charges for doctors, ambulance, hospitals, drugs, or legal which your child may incur by reason of participation in such activities of RCSL City Meet.
3. I waive any claims or cause of action against RCSL and its Coaches, Teachers, & employees, AND/or, action against the City of Huntsville, and/or the Rocket City Swim League (RCSL) which may arise by reason of injury to my child because of participation. I also agree that Coaches, Teachers, employees, Life Guards, and other members of, RCSL, or the City of Huntsville are released and forever acquitted from any and all claims of liability to me or my child, or both, for injuries sustained by my child because of such participation.
4. My child is insured with \_\_\_\_\_ policy # \_\_\_\_\_, and I agree to maintain this coverage for the tenure of his/her participation with RCSL activities.
5. If my child is not covered by medical insurance, I agree & understand that I will be fully responsible for payment of any medical bills that may incur by reason of participation in such RCSL activities. (Note: refer to item #2)
6. I understand that RCSL are non-profit organizations and do not offer any type of insurance for my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Work or Cell Phone # \_\_\_\_\_

## RCSL City Meet permission/waiver\*

### \*(For adult participants in City Meet only)

In consideration of being allowed to participate in any way in the Rocket City Swim League (RCSL) City Meet, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. I authorize the Coaches, Teachers, employees, or Huntsville Natatorium Pool LifeGuards thru medical professionals of their own choice, to obtain any medical emergency care that may become reasonably necessary in the course of activities or practice of the RCSL City Meet.
2. I accept responsibility for payment of all medical bills, including, but not limited to charges for doctors, ambulance, hospitals, drugs, or legal which I may incur by reason of participation in such activities of RCSL City Meet.
3. I waive any claims or cause of action against RCSL and its Coaches, Teachers, & employees, AND/or, action against the City of Huntsville, and/or the Rocket City Swim League (RCSL) which may arise by reason of injury because of participation. I also agree that Coaches, Teachers, employees, LifeGuards, and other members of, RCSL, or the City of Huntsville are released and forever acquitted from any and all claims of liability to me, for injuries sustained because of such participation.
4. I am insured with \_\_\_\_\_ policy # \_\_\_\_\_, and I agree to maintain this coverage for the tenure of my participation with RCSL activities.
5. If I am not covered by medical insurance, I agree & understand that I will be fully responsible for payment of any medical bills that may incur by reason of participation in such RCSL activities. (Note: refer to item #2)
6. I understand that RCSL are non-profit organizations and do not offer any type of insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Work or Cell Phone # \_\_\_\_\_