



Piedmont Swim & Dive Team Registration Form

I a member of Piedmont Recreation Association? Yes No

To ensure safety, participants must be able to swim one (1) length of the pool with minimal assistance by the first day of practice. Swimmer assessments will be conducted by coaches on the first day of practice.

| Child Name | Age | DOB mm/dd/yyyy | Swim | Dive |
|------------|-----|-------------------|------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Contact Information

Parent/Guardian Name(s): _____

Home Address: _____

Phone number(s): _____

Email Address(es): _____

Emergency Contact Information

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Medical Conditions: _____

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

Parent/Guardian Signature _____ Date _____

Volunteer Information

We depend completely on parent volunteers for our meets. We need each family to commit to a minimum of two meets to volunteer. Opportunities include timers, runners, place judge, scribe, scoring table, computer entry, concessions, ribbons, bull pen, set up and clean up, and officiating (Stroke/Turn, Starters and Referees). Officiating is a trained position. Anyone interested please contact the swim rep.

I, the undersigned parent/legal guardian of the above listed participants, acknowledge that I understand the risks inherent to 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 participation in any and all activities associated with Piedmont Swim & Dive Team. I understand that this Release of Liability shall be as broad as 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 PRA's swim and/or dive team(s).

As a condition of my child's participation in the Event, I hereby grant PRA 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 without charge, restriction or liability, but only for the purpose of advertising or promoting the event. The foregoing grant, however, does not constitute consent to use my Likeness in any endorsement of any product or service without my specific written consent.

Parent/Guardian Signature _____ Date _____

Participant

Fees

Swim.....\$95.00* each

Dive\$40.00* each

of Swimmers _____ X \$95.00 = Amount Due \$ _____

of Divers _____ X \$40.00 = Amount Due \$ _____

*The fee includes RCSL dues, all swim and dive fees, trophies, and coach salaries. Fees do not include swimsuit, t-shirt, concession donations, and swim banquet.

We are requesting donations for home meet concessions from each family, including, but not limited to baked goods, fresh fruit and vegetables, Coke products, Gatorade, and water bottles.

| | |
|-----------------------|----------------------------|
| For Swim Rep Use Only | |
| Payment Method | Signed Child Waiver |
| Check # | Concussion Form |
| For Swim Rep Only | Concession Donation Signup |

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 Lifeguards 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, 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 or my child, or both, for injuries sustained by my child because of such participation.
4. My child is insured by _____ Policy No _____, 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 and 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.

Parent/Guardian Signature _____ Date _____

Address _____

Home Phone _____ Work/Cell Phone _____

RCSL City Meet Permission/Waiver

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, and 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 by _____ Policy No _____, 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 No. 2)
6. I understand that RCSL are non-profit organizations and do not offer any type of insurance.

Signature _____ Date _____

Address _____

Home Phone _____ Work/Cell Phone _____