



2008 STRAWBERRY SEALS SWIM TEAM

PAID

Application for Fall Clinic

Please Fill in Legibly and Completely

1) Swimmer's Name _____ Age ____ Date of Birth ____/____/____ M F
LAST FIRST

2) Swimmer's Name _____ Age ____ Date of Birth ____/____/____ M F
LAST FIRST

Home Address _____ CITY / ZIP _____ WOULD YOU LIKE UPDATES VIA E-MAIL? Y N

Parent/Guardian _____ Ph _____ E-Mail _____
PLEASE WRITE LEGIBLY

Parent/Guardian _____ Ph _____ E-Mail _____
PLEASE WRITE LEGIBLY

Emergency Contact _____ Ph _____

Physician to be called in case of emergency _____ Ph _____

Describe any physical condition affecting swimmer (allergy, etc) _____

List any medications swimmer is taking _____

REFUND POLICY: A PARTICIPANT WHO REQUESTS A REFUND 1 WEEK BEFORE A CLASS WILL HAVE THE FEE RETURNED MINUS A \$5.00 SERVICE CHARGE. ONCE THE CLASS BEGINS THERE WILL BE NO REFUNDS OR MAKE-UP CLASSES. IF THE DISTRICT CANCELS A CLASS, A FULL REFUND WILL BE GIVEN WITH NO SERVICE CHARGE.

PLEASE READ BEFORE SIGNING - Agreement, Waiver and Release

The undersigned, as parent , guardian , participant , is familiar with the activity for which this registration application is submitted to the Strawberry Seals Swim Team and in consideration of being permitted to enroll , or to enroll his/her child , or ward , in the above-described activity and as a condition precedent to such enrollment, agree with Strawberry Seals Swim Team and/or Strawberry Recreation District as follows:

I hereby waive, release and discharge on behalf of myself, my child, or my ward, any and all claims, demands, causes of action for damages, personal injury, death or damage or loss to property which may be suffered by myself, my child or my ward which I may have or which may hereafter accrue to me or my child and / or my ward as a result of participation of myself, my child and / or my ward in the above-described activity. This Agreement, Waiver and Release shall inure to the benefit of the Strawberry Seals Swim Team, and / or Strawberry Recreation District, its employees, agents, officers and directors, its lawful successor, if any, and the residents and taxpayers of said District. The release herein contained is intended to and shall discharge in advance the Strawberry Seals Swim Team and / or Strawberry Recreation District and its officers, employees, agents, directors, taxpayers and residents from any and all liability to myself, my child, my ward, and any and all third persons arising out of or in any way connected with the participation of the above-named participant in the above-described activity, whether or not any liability may arise out of negligence, carelessness or omission on the part of the persons or entities described herein above. It is agreed that the above-described activity may involve an element of risk as well as danger and being fully apprised thereof, I hereby expressly assume the risks for myself, my child and/or my ward. I further agree with the Strawberry Seals Swim Team and / or Strawberry Recreation District that this Agreement, Waiver, Release and Assumption of all risks in connection with the above activity shall be binding on

my heirs, successors and assigns. I further agree to hold the Strawberry Seals Swim Team, and / or Strawberry Recreation District its officers, agents and directors harmless and indemnified from any loss, liability, damage, cost or expense which they may incur as a result of any injury or death to person or damage to property which may be sustained by the participant while participating in said activity.

If the participant is under the age of eighteen (18) years, I further represent:

I have the authority to execute this document on behalf of the participant; said participant is physically able to participate in said activity and all terms of the Agreement, Waiver and Release herein above set forth shall apply in the event of death or injury or property damage which said participant may sustain while participating in the above activity.

Photos: Strawberry Seals Swim Team reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of Strawberry Seals Swim Team and may be used for publicity or promotional purposes only.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND FOR ANY FUTURE LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE STRAWBERRY SEALS SWIM TEAM AND I EXECUTE SAME OF MY OWN FREE WILL.

Signature _____

Date ____/____/____ (PRINT NAME)

Please Note: Strawberry Seals Swim Team is an independent organization that rents the facilities at Strawberry Recreation District.

Amount Paid \$ _____ Date Paid ____/____/____ M/C Visa Cash Check Check No. _____