

# Hallsley High Tides Swim Team Registration Form 2017

Parent Information: (please print)

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Parent 1 (mother/father) Name      Home Phone      Work Phone      Cell Phone

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Parent 2 (mother/father) Name      Home Phone      Work Phone      Cell Phone

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Mailing Address      Street      City, State      Zip Code

E-MAIL ADDRESS: \_\_\_\_\_  
 This will be used as a primary form of communication

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Emergency Contact Person      Phone      Relation to Swimmer

**Registration fees are as follows:**

- \$150.00 for the 1<sup>st</sup> child
- \$130.00 for the 2<sup>nd</sup> child
- \$110.00 for the 3<sup>rd</sup> child
- A family maximum of \$390.00

**Please complete all of the following information: (Please print clearly)**

Swimmers Full Name	Date of Birth	Age on 5/31/17	M/F	Total

Please make checks payable to **Hallsley Swim Team**.  
 Payment can be dropped off at the clubhouse or  
 15931 Swindon Ct.

Payment method: cash      check #      Date paid:

# Hallsley High Tides

## 2017 RELEASE FORM

### TERMS & CONDITIONS

- Swim Team fees are due by April 30, 2017. Swimmers will not be allowed to participate in competition meets unless fees are paid in full. There will be **no** refunds.
- I certify that my child/children listed above is/are in good health and capable of safe participation on the Hallsley Swim Team.
- If the Emergency Medical Treatment Authorization is not signed by the parent/guardian listed on this form, the parent/guardian must be present at every practice session; otherwise the child/children cannot participate.
- The registration form will not be accepted if the Consent to Play section is not signed by the Parent/Guardian.
- Parents are expected to volunteer and help at all swim team meets and functions.
- Swimmer **MUST** be able to complete a full lap without assistance.

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

### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I authorize any representative of Hallsley Swim Team to present my child listed above for emergency medical treatment by a physician, surgeon, or hospital listed by the Commonwealth of Virginia.

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

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHOTO RELEASE

I hereby grant to the Hallsley Swim Team and its employees, agents and assigns the right to photograph my child and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

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

**CONSENT TO PLAY**

I, the undersigned participant and parent, request voluntary participation for minor to participate in the Hallsley Swim Team/Chesterfield Aquatic League activities for the Summer Season of 2016.

I consent to my/minor’s participation in the activity and acknowledge that the minor and I fully understand my/minor’s participation may involve risk of serious injury or death, including losses which may result not only from my/minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

**Release – Minor’s Rights:**

In consideration of allowing Minor Participant to participate in this event, I hereby release and hold harmless Hallsley Swim Team, Hallsley, Chesterfield Aquatic League, its local swimming committees and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in this activity. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
(Print name of minor) (Signature of minor) (Date)

\_\_\_\_\_  
(Print name of minor) (Signature of minor) (Date)

**Release – Parents’/Guardians’ Rights:**

In consideration of allowing Minor Participant to participate in this event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant’s participation in this activity. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

\_\_\_\_\_  
(Print name of Parent/Guardian) (Signature of parent) (Date)

**Indemnification by Parent/Guardian:**

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant’s participation in this activity. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
(Print name of Parent/Guardian) (Signature of parent) (Date)

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

Swimmer(s) Name: \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

### PARENT WORKER REGISTRATION FORM

**\*\* PARENT WORKER\*\*** The parent support of our swim team families is vital to the success of the team overall and our swimmers individually. In order to maintain an accurate record of parent work shifts, every family scheduled to work at a meet must check in at Parent Check-In prior to the start of each meet. **You are required to work 2 full meets.**

\*\*\*\*PLEASE INDICATE MEET DATES WHICH YOUR SWIMMER **WILL NOT** BE ATTENDING \*\*\*\*

\_\_\_SAT. 6/10 at Hallsley (Salisbury)      \_\_\_\_\_TUE 6/20 at Chester      \_\_\_\_\_TUE. 6/27 at Hallsley (Hampton Park)  
\_\_\_WED. 07/05 at Watermill      \_\_\_\_\_TUE. 7/11 at Hallsley (Foxcreek)      \_\_\_TUE. 7/18 at Foxcroft

As stated above, parents are needed for **every swim meet**. Home meets typically require more workers than away meets. Please indicate below the job you are interested in working and which meet you are able to work by placing "X" in the areas you or your spouse are willing to work. **If no indication is made you will be randomly assigned various tasks.** Training is available for all areas. Each family need must sign up for 2 full meets.

**If you are assigned and not able to fulfill your duty, please find a replacement and notify the person making the schedule of your change.**

	06/10	06/20	06/27	07/05	07/11	07/18
Timer						
Runner						
Table Worker						
Hospitality						
Strokes and Turns						
Clerk of Course						
Mite Mom						
Concession Stand						
Heat Winner Ribbon						

\_\_\_\_\_  
Dated: \_\_\_\_\_

Parent/Guardian(s) Signature: \_\_\_\_\_

Questions? Please call Liz Bickel at 804-837-7277 or email [lizbickel@yahoo.com](mailto:lizbickel@yahoo.com)