

# Sacramento Swim League Registration Form

Season: 2010

*For Office Use Only*

Member:	Charge to Account	Y / N
Non-Member:	Check#	_____
	Amount	_____
	Date	_____
Swimmer:	M / F	

Name: \_\_\_\_\_  
(Last) (First) (MI)

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

Home Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate E-mail Address \_\_\_\_\_

Name of Club: Sutter Lawn Date of Birth: \_\_\_\_\_ Age on June 1<sup>st</sup>: \_\_\_\_\_

Have you been registered with another club during this calendar year? Y / N Where? \_\_\_\_\_

Have you been in a pool for more than 12 hours a month in a structured practice since Jan 1<sup>st</sup>? Y / N

Where? \_\_\_\_\_

Signature of Swimmer \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE AND AGREEMENT TO HOLD HARMLESS

I/We, the parent(s)/legal guardian(s) of the Registrant named hereinafter, give my/our approval to his/her participation in any and all activities including but expressly not limited to "meets", both formal and informal, practices, transportation and social activities concerning the Sacramento Swim League, effective the date appearing hereinafter.

The Undersigned attests to having personal knowledge and represents that the Registrant is in good physical and emotional condition and health such that there are no restrictions on the Registrant to participate in any of the activities of the Sacramento Swim League, including but not limited to "meets", practices, transportation and/or social activities.

The Undersigned does/do expressly assume all risks and hazards incidental to said participation including specifically not limited to transportation to and from the activities noted.

The Undersigned does expressly waive, release, absolve, indemnify, including but not limited to, reimbursement of costs and attorney's fees attendant with any action arising herefrom, and otherwise agree to hold harmless the Sacramento Swim League, its officers and officials, member clubs of the league, their organizers, officials, supervisors, coaches, participants of every type, and persons transporting said Registrant all in their individual, corporate, association or other capacity both jointly and severally.

The Undersigned place their signature(s) heron only after reading each and every provision of the foregoing and signing voluntarily and with complete understanding of each and every provision hereof. The Undersigned warrants that they have conferred with the Registrant and other parent(s) and sign this having obtained their authority to execute this Release.

PARENT/GUARDIAN SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_

**SACRAMENTO SWIM LEAGUE VOLUNTEER FORM  
LIABILITY RELEASE AGREEMENT  
PLEASE READ CAREFULLY BEFORE SIGNING**

I understand that I am a volunteer to assist in running the Swim League, including swim meets. **I voluntarily agree to expressly assume all risks of injury or death** that may result from participation in my activities as a volunteer as against the Sacramento Swim League and any team or club that is a member of the Swim League. If I am signing this Liability Release Agreement for a minor for whom I am a parent or legal guardian, then I understand that I am entering into this Agreement on behalf of such minor as well as on my own behalf.

**I AGREE TO RELEASE** Sacramento Swim League, all league board members and league teams/clubs officers, directors, employees, volunteer workers, agents, representatives, successors-in-interest, assigns and their insurers **from all liability for injury, death, and property loss and damage that results from participation in the ACTIVITIES, or that arises out of any condition of the premises at member pools or the conduct of any person at any time, including all liability that results from the NEGLIGENCE of the Sacramento Swim League, or any other person or cause, to the fullest extent permitted by law.**

I authorize any person connected with Sacramento Swim League or the ACTIVITIES to administer first aid to me, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for my well being, at my expense.

This agreement is binding upon my heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of California. I further agree that any action involving parties or issues relating to or arising out of this agreement must be instituted and prosecuted in the courts in Sacramento County, California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

**THIS AGREEMENT SHALL BE BINDING FOR THE ENTIRE SWIM SEASON AND SHALL REMAIN IN FULL FORCE UNTIL COMPLETION OF THE CURRENT SWIM SEASON, INCLUDING CHAMPIONSHIPS.**

**I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS AGREEMENT AND RELEASE OF LIABILITY ON MY OWN BEHALF AND ON BEHALF OF ANY MINOR NAMED HEREIN.**

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Parent/guardian:** If the participant is a minor, I represent and verify that I am the parent or legal guardian of the minor, and I have authority to enter into this Agreement on behalf of the participant and I authorize the medical care described in this Agreement.

Parent/guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## Emergency Contact Information

Swimmer's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Mothers Cell Phone Number: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Number: \_\_\_\_\_

## Swimmer's Medical Information

Indicate the emergency action desire in the event of an accident or emergency, check box #1 or #2, and if applicable #3. Sign and date where indicated.

#1  In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize a representative of Sutter Lawn to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake additional care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURED AS A RESULT OF THE FOREGOING.**

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

#2  I do not choose the above statement and desire the following action:  
\_\_\_\_\_  
\_\_\_\_\_

#3  My son/daughter has the following medical condition:  
\_\_\_\_\_

My signature indicates that I have read and understand this form and that the information provided is true.

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

# Sutter Lawn Tsunamis Commitment Contract

## Commitment of the Coaches

We fully commit to the Sutter Lawn Tsunamis in the following ways:

- We will arrive on time to daily practices, swim meets, and social events.
- We will maintain positive attitudes.
- We will always coach in the best way we know how, and we will do whatever it takes for each and every swimmer to swim to the best of his/her ability. This includes creating workouts that improve the strength, stroke, and speed of each swimmer, offering frequent feedback, and providing clinics focusing on specific swimming skills.
- We will work collaboratively with swimmers, parents, Sutter Lawn staff, fellow coaches and the Sacramento Swim League in order to create a successful and productive season.
- We will always make ourselves available to swimmers and parents, and listen to any concerns they might have as long as instruction is not interrupted.
- We will do our best to ensure swimmers are entered into the maximum amount of events in each meet and have the opportunity to swim in all events allotted to his/her age group.
- We will always protect the safety, interests, and rights of all Tsunami swimmers.

Libby Woolford

## Commitment of the Parents

We fully commit to the Sutter Lawn Tsunamis in the following ways:

- We will make sure our child is at practice everyday on time. Additionally, we will ensure that we drop off/pick up our child at the appropriate practice starting and ending times as the coaches can only keep an eye on the swimmers in the pool.
- We will make sure our child arrives to the meet by the publicized time and understand that failure to arrive prior to the scratch meet without notifying the coaches will cause our child to be scratched from the meet (your child will not participate in that day's swim meet).
- We understand that participation in the final Championship Meet is MANDATORY.
- We will ensure that we sign up for and fulfill our volunteer positions for each meet.
- We will allow our child to participate in Tsunami social events.
- We understand that our child must follow pool rules so as to protect the safety, interests, and rights of all other swimmers and club members.
- We will always protect the safety, interests, and rights of all Tsunami swimmers.

\_\_\_\_\_  
Parent's/Guardian's Signature

## Commitment of the Swimmers

We fully commit to the Sutter Lawn Tsunami's in the following ways:

- I will always remember my goggles, cap and towel.
- I will arrive to practice on time everyday and understand that if I attend practice three times a week or less, I may be entered into fewer events during the weekly meet and may also lose my spot on a relay.
- I will remain at practice for my allotted practice time and will let my coach know before practice if I need to leave early.
- I will arrive to swim meets by the publicized time and understand that failure to arrive prior to the scratch meet without notifying the coaches will cause me to be scratched from the meet.
- I will attend Tsunami social events.
- I will always display excellent sportsmanship, work hard, listen, hold a positive attitude, and behave in the best way I know how. I will do whatever it takes for me and my teammates to swim our very best.
- I will always behave so as to protect the safety, interests, and rights of all Tsunami swimmers.

*I understand that if I don't follow through with my commitments, I may be excused from practice, may lose team social privileges, and may not be considered for the end of season awards.*

\_\_\_\_\_  
Swimmer's Signature

PARENT VOLUNTEER  
FORM, SHOWN AS A  
SEPARATE FORM  
ONLINE, IS  
MANDATORY FOR  
REGISTERING YOUR  
CHILD(REN) TO SWIM