



**Swimmer (last, first name)**

## SWIM TEAM REGISTRATION FORM & MEDICAL FORM

**(\$10 discount for each additional family member) Refund Policy:** Full refund for new swimmers only during the first week of the session; medical refunds during first 3 weeks, (with note from doctor) in form of prorated credit toward future session.

FALL 2020	WINTER 2021	SPRING 2021	SUMMER 2021
<input type="checkbox"/> \$100 Recreation Team	<input type="checkbox"/> \$150 Recreation Team	<input type="checkbox"/> \$130 Recreation Team	<input type="checkbox"/> \$130 Recreation Team

**Swimmers Name:** \_\_\_\_\_  
Last, First and Middle Initial

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  Male  Female

**Parent/Guardian:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Email address (REQUIRED):** \_\_\_\_\_

### Second Family Information (if applicable)

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

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

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

### Emergency Information:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Does your child have medical/health problems?**  Yes  No

If Yes, please describe \_\_\_\_\_

**Will your child need to take any medication during the activities?**  Yes  No

If yes, please notify coach and please describe: \_\_\_\_\_

If I cannot be reached I authorize the coaching staff of the Elkhorn Penguin Swim Team to contact the individual listed above. If any emergency exists and I cannot be reached immediately, I hereby authorize the coaching staff to call or request treatment by my family physician, dentist or the emergency room physician.

**MEDICAL WAIVER:** I am aware that any participation with the Elkhorn Penguin Swim Team and pose the risk of injury, and that the participation may expose my child to that risk. I affirm that my child is medically qualified to participate and I will instruct my child to follow coach's instructions regarding, techniques, training and other rules.

## PHOTO RELEASE: 2020/2021 Swim Season

I hereby grant permission to the Elkhorn Penguin Swim Team, Ltd. and its board members and/or coaches, to use photographs and/or video taken of my child(ren) during swim practice and/or swim meets during the 2020/2021 swim season, for use in marketing materials for the promotion of the Elkhorn Penguin Swim Team. I understand that photos and/or video may be used on flyers, brochures and newsletters, the team's official website, and on the team's social media sites. These photographs and/or video may be used without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs or video.

I hereby agree to release, defend and hold harmless the Elkhorn Penguin Swim Team, Ltd and its board members and/or coaches, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs or video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

If any dispute arises under this agreement that cannot be resolved amicably, both parties agree to submit to binding arbitration under the then current rules of the American Arbitration Association.

Name of child to be photographed or video taped: \_\_\_\_\_

\_\_\_\_\_  
Parent's or Guardian's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature

## PARENT & ATHLETE CONCUSSION AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

### Parent Agreement:

I \_\_\_\_\_ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

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

1. Has your child ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_

2. Has your child ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_

### Athlete Agreement:

I \_\_\_\_\_ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

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

## PAYMENT/SIGNATURE:

I further agree to release, identify and hold harmless the Elkhorn Penguins Swim Team, its executive board, elected coaches, staff and representatives from any and all liability for any and all claims, demands, damages, costs, causes of action and expenses, including, but not limited to, reasonable attorney's fees, arising from my child's participation in all activities. This release and assumption of risk runs to my successors, assigns, heirs, administrators, executors, and all family members of my family.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Fall Session

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Winter Session

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Spring Session

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Summer Session

Fall Session:  Paid Check #: \_\_\_\_\_

Spring Session:  Paid Check #: \_\_\_\_\_

Winter Session:  Paid Check #: \_\_\_\_\_

Summer Session:  Paid Check #: \_\_\_\_\_