

WTRC 2019 SWIM TEAM

FAMILY NAME

SWIMMER #1

AGE

SWIMMER #2

AGE

SWIMMER #3

AGE

EMAIL

HOME/CELL PHONE

\$85 first swimmer, \$80 each additional sibling

(cap @ \$300)

CASH _____

CHECK # _____

AMOUNT _____

VOLUNTEER CHECK # _____

(\$50.00 TO BE RETURNED AFTER 2X VOLUNTEERING AT HOME OR AWAY MEETS)

SWIM SIX LEAGUE CLAUSE/WTRC INSURANCE WAIVER:

Unsportsmanlike conduct by participants, spectators or coaches, including taunting, intimidation, harassment, etc., will not be tolerated. If such behavior is witnessed the offending individual will be removed from the meet and banned from swimming or watching future meets. No refunds will be given for team membership if you are asked to leave due to unsportsmanlike behavior.

I hereby give permission for my child to engage/participate in the Washington Township Recreation Club 2018 Swim Team Program. I assume all risks and hazards incidental to such participation. I give permission for my child's photograph to be taken and used in local newspapers, online, or in print. I hereby authorize representatives of the WTRC to give consent for any and all necessary emergency first aid or medical care for my child while he or she attends this program in the event that a parent or guardian is not present.

I agree to indemnify, defend, and hold harmless the Washington Township Recreation Club (WTRC), its officials, officers, employees, agents, and volunteers from any and all claims arising from our child's participation in 2018 Swim Team Program. Such indemnification shall include, but not be limited to, liability settlements, damage awards, costs, and attorney fees associated with any such claims. I recognize that neither the WTRC nor any of its officials, officers, employees, agents, or volunteers will be held responsible for any injuries or accidents sustained by my child during the course of his or her participation in 2018 Swim Team Program.

Parent Signature _____