

SR EELS REGISTRATION AND RELEASE FORM

Name _____ Gender M / F

Address _____

City _____ State _____ Zip _____

Email _____ Birth date ____/____/____

School District _____ Age as of October 1st _____ Grade _____

Mother's Name _____

Home Phone _____ Cell Phone _____

Father's Name _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Relationship to swimmer _____

Home Phone _____ Cell Phone _____

Family Physician _____ Phone _____

Primary Insurance _____ Group # _____

Policy # _____ Phone _____

Does the swimmer have any medical problems or conditions? No / Yes If Yes, please explain, including allergies, and list necessary medications _____

Is the child participating in other team sports or activities during the Eels swim season? Yes / No

_____ I/we understand that athletes participating in swimming may, by the nature of the sport, suffer injury. I/we are aware of the and voluntarily assume all responsibility, financial and otherwise for those risks. I/we further agree to release and hold harmless Slippery Rock Eels, it's board members, coaches, volunteers and Slippery Rock University et al from any claim, liabilities or rights for any injuries or losses suffered by my son/daughter in training for, traveling to/from and while participating in the Slippery Rock Eels Swim Team Program.

_____ In case of medical emergency, I/we authorize medical treatment and give permission for our child to be transported to the nearest medical facility and will assume all financial responsibility for services rendered.

_____ I have received a copy of and understand the Eels behavior policy.

My signature below indicates that I have read and understand the Registration and Release Form.

Parent/Legal Guardian Signature

Date



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME fields

PREFERRED NAME, DATE OF BIRTH (MO./DAY/YR.), SEX (M/F), AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT fields

FATHER/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN FIRST NAME fields

MAILING ADDRESS field

CITY, STATE, ZIP CODE fields

AREA CODE, TELEPHONE NO., FAMILY/HOUSEHOLD E-MAIL ADDRESS fields

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

- DISABILITY: A. Legally Blind or Visually Impaired, B. Deaf or Hard of Hearing, C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment, D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- RACE AND ETHNICITY (You may make up to two choices if appropriate): Q. Black or African American, R. Asian, S. White, T. Hispanic or Latino, U. American Indian & Alaska Native, V. Some Other Race, W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

REGISTRATION FEE table: USA Swimming Fee \$47.00, LSC Fee \$18.00, TOTAL DUE \$65.00

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2010, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

HIGH SCHOOL STUDENTS - Year of high school graduation:

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/666-4578 if you do not wish to receive these mailings.

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

**CONSENT TO RELEASE CHILD'S IMAGE AND RESULTS
SLIPPERY ROCK EELS SWIM TEAM**

Swim season year 2011/2012

Swimmer's name _____ Age _____ Date _____

_____ I DO consent to have my child's name and/or achievements published in the local newspaper.

_____ I do NOT consent to have my child's name and/or achievements published in the local newspaper.

_____ I DO consent to have my child's name and/or achievements published in the newsletter which is emailed to all parents and published on the website.

_____ I do NOT consent to have my child's name and/or achievements published in the newsletter which is emailed to all parents and published on the website.

_____ I DO consent to have my child's photo taken for internal uses.

_____ I do NOT consent to have my child's photo taken for internal uses.

_____ I DO consent to have my child's photo taken for publication in the local newspaper.

_____ I do NOT consent to have my child's photo taken for publication in the local newspaper.

_____ I DO consent to have my child's photo taken for publication on the EELS website and newsletters which is emailed to all parents and published on the website.

_____ I do NOT consent to have my child's photo taken for publication on the EELS website and newsletters which is emailed to all parents and published on the website.

Parent/Legal Guardian Signature _____



2011-2012 Slippery Rock Eels Community Swim Team (08/10/11)
Waiver and Consent Form for the
Aebersold Student Recreation Center (ARC)

This form MUST be signed by parent/guardian PRIOR to participation at the Aebersold Student Recreation Center. Form must be returned to the SR Eels Staff/Coach and will be turned in to the ARC Admin Office. Youth Swimmer will NOT be able to participate in Eels practices and/or special events until form is returned. ARC Membership/Kid's Card is NOT a substitute for this signed form.

I, _____, am a parent/guardian of an individual 18 years or younger who desires to participate in the physical activities offered at the Aebersold Student Recreation Center (ARC) of Slippery Rock University of Pennsylvania (University) and I take responsibility for the individuals listed below.

I understand that a minimal level of fitness is necessary to engage in the activities. I further recognize that participation in the activities can expose me and my group to risks and hazards that are directly or inherently involved and could result in injury or development of a physical condition that may be serious in nature, including the potential loss of limb or life. With full knowledge of the facts and circumstances surrounding these activities, I voluntarily undertake this participation, including all risk of loss of limb or life, property damage, injury to others, and other hazards to me and my group.

I assure the University that there are no health-related reasons or problems that preclude or restrict my participation in the activities. I further assure the University that my group and I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the activities and that I will indemnify and hold the University harmless in this regard. My group and I authorize the employees of the ARC and University to perform basic first aid procedures and/or call emergency medical assistance that is, in its judgment, necessary. I understand that I can and am encouraged to discontinue participation in any activity at any time that I or my group feel unable to continue.

I read and understood the rules and regulations of the ARC and had the opportunity to ask and received answers to any questions concerning the rules and regulations for participation. **When applicable for youth under 18 years of age, I, as a parent or guardian, understand that I must be a member or have a rental approval or guest pass and must accompany and supervise any child listed below, if the youth is to participate in any activities.**

In consideration for the ability to participate in the activities at the ARC, my group and I expressly and explicitly do release, discharge and waive the University, the ARC, the State System of Higher Education, the Commonwealth of Pennsylvania, its employees, officials or agents of any and all of the foregoing, from any liability whatsoever arising out of, pertaining or related to, in any manner, including, but not limited to, any damage to my property or the property of others and injury to me or to others, including loss of limb or life, resulting from my negligence or the negligence of others, or to others through this participation.

I execute this document on my dependent youth's behalf (listed below) with full knowledge of the contents and the consequences stated in this release and waive.

DATE Signed: _____ **VALID Through:** 2011-12 Season

This signed waiver is in effect for SR Eels practices/events only

| Print Name of Eels Swimmer | Age | Signature of Adult 18 years or older OR For Minor Child – Parent/Guardian Signature |
|----------------------------|-----|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |