



Stanley Sharks Swim Team

2018 Registration Form

P.O. Box 2 Stanley, NC, 28164

Parent Name: _____

Home #: _____ Cell #: _____ Text? Yes or No

Parent Name: _____

Home #: _____ Cell #: _____ Text? Yes or No

*Please join our Remind101: Text @sswim2018 to 81010

Address: _____

Email Address: _____

*Please list an email address that you have frequent access to as most communications will be sent via email.

*Please visit <http://stanleyswim.com> for updated information about Meets, Practices and other Activities.

	Swimmer's Name	Date of Birth	Age as of 6/1	Gender	T-Shirt Size
1.				M / F	Youth / Adult ____
2.				M / F	Youth / Adult ____
3.				M / F	Youth / Adult ____
4.				M / F	Youth / Adult ____
Dues					
	Swimmer	Member		Non-Member	
	1.	\$60		\$70	
	2.	\$40		\$50	
	3.	\$40		\$50	
	4.	\$40		\$50	
	Total:				

Minimum Swim Requirement

Every swimmer must be able to swim one length of the 25 meter pool unassisted and swim comfortable with their face in the water. While stroke development and teaching are a very important part of what our coaches, with nearly 100 swimmers, it is not fair to expect them to be in the water teaching one on one. That would be neither fair nor safe for the other swimmers.



The coaches will assess the ability of all NEW swimmers to the team during the first practice.

Volunteers Needed

Swim Meets are run and operated by all Volunteers. This includes the Coaches.

To have a successful year, we need parents to volunteer at a minimum of four half meets pre swimmer. You will need to sign up for your volunteer spots beginning at the first practice. A reminder will be sent to you via email a week prior and the day of each meet.

Liability Release and Indemnification Form

Stanley Recreation Club, Inc.

398 East Brevard Drive

Stanley, NC 28164

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events related to **2018 Swim Team season**, which are hereinafter referred to as the “activities” sponsored by **Stanley Recreation Club, Inc. AKA Stanley Pool**. This agreement is valid for participation in the **2018 Swim Team season activities**.

I consent to my/minor’s participation in the activities 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 any activities begins.

Release -- Minor’s Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless **Stanley Recreation Club, Inc. AKA Stanley Pool** and its local swimming committee 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 the activities. 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 -- 18 & Under)

(Signature of minor -- 18 & Under)

(Date)

Release – Parents’/Guardians’ Rights:

In consideration of allowing Minor Participant to participate in **Stanley Recreation Club, Inc. AKA Stanley Pool 2018 season**, 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 the activities. 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 has 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/Guardian)

(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 the activities. 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 State of North Carolina 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/Guardian)

(Date)