

# BridgeMill Swim Team Registration 2012

Swimmer's Name	DOB	Age as of June 1 <sup>st</sup>	Sex	T- shirt Size
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical Concerns \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Fees:            \$110 one child            \$150 two children            \$25 each additional child

**Refund/Cancellation Policy**

Refunds will be given up through May 21, 2011. All refunds must be in writing to Candace Blanchard.

## Method of Payment/Amount

Cash Amount \_\_\_\_\_

Check Amount \_\_\_\_\_

Check Number \_\_\_\_\_

Amount Charged \_\_\_\_\_

Member Account \_\_\_\_\_

## Waiver and Release

\_\_\_\_\_ has/have my permission to participate in the activities of the BridgeMill Summer League Swim Team. I acknowledge and understand that there may be a risk of serious injury, including permanent disability and/or death, resulting from the action of the participants, the actions and in-actions of others, and/or equipment used. By allowing my swimmer(s) to participate, I knowingly assume all such risks, and I release, waive, discharge, and covenant not to sue the BridgeMill Athletic Club and their respective officers, directors, volunteers, coaches, and Management Company for any and all liabilities, claims, demands, losses, or damages of any kind arising that injury the swimmer(s) or damage to the property incurred while on the premises, or while participating in the activities of the BridgeMill Summer League Swim Team. I hereby give my permission to the BridgeMill Summer Swim Team and its representatives to obtain emergency medical treatment for the swimmer(s) if I am unavailable for consultation at the time such treatment is necessary.

Parent/Guardian of Swimmer(s) \_\_\_\_\_ Date \_\_\_\_\_