

Golden Marlins Spring Swim Registration 2010

(note: two page registration)

Parents/Guardian _____

Email (1) _____
 (If you wish to be on the email notification list, your handwriting must be legible)

Email (2) _____
 (If we cannot read your writing, you will not receive team updates regarding practices and meets)

Phone(s) _____

Mailing Address _____

City _____ Zip _____

SWIMMER	Last name	First name	Birth Date	M/F	Fee: \$65 per each swimmer
1 st child					\$65.00
2 nd child					
3 rd child					
4 th child					
TOTAL					

Session runs on Sunday evenings from February 14th through May 9th. There will be no practice Sunday, April 4th. Practice is at the Golden Community Center.

Swimmers age 10 and under practice from 6:00 pm to 7:00 pm and swimmers 11 and older practice from 7:00 pm to 8:00 pm. Practice times may change for some swimmers depending on attendance and ability.

Registration is \$65. Please pay checks payable to: Golden Marlins.

For more information please visit our website at goldenmarlins.org.

In consideration of my child being permitted to take part in the Golden Marlins Swim Team, I agree and acknowledge as follows: I understand that the sport of swimming necessarily contains risks of harm and dangers and may result in harm and injury to my child or my children. I hereby assume the risk of personal injury of death from any causes whatsoever arising while my child or children are participating in this program. I also agree to unconditionally waive and release the City of Golden and the Golden Marlins including their officers, coaches, parent sponsors, agents, and representatives from any and all claims, demands or any other legal action that may arise from any injury that I or my child may sustain or any damages that may be cause to me or my child or children in connection with the Golden Marlins.

Signature of Parent _____ Date _____

Registration	Check #	Date:
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Second page included and signed _____ (initial)

TEAM SPORTS PROGRAM



National Recreation and Park Association

In consideration of being allowed to participate in any way in the Golden Marlins Swim Team
(Name of Organization)

program, it's related events and activities, I _____,
(Name of Participant)

acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazard during my presence or participating, I will remove myself from participating and bring such to the attention of the team and league officials immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Golden Marlins Swim Team
(Name of Organization),
their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the full extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ /_____/_____
PARTICIPANT'S SIGNATURE AGE DATE SIGNED

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ (_____)_____/_____/_____
PARENT/GUARDIAN'S SIGNATURE EMER. PHONE DATE SIGNED

THIS FORM SHOULD BE RETAINED BY ORGANIZATION NOTED ABOVE

nrpinsurance.com • 800-722-5676 • Fax: 877-752-4415 • Email: info@nrpinsurance.com