

# Warsaw Parks & Recreation

## 2017 GOLDEN VALLEY SWIM CLUB

**REGISTRATION DUE: May 30th FEE: \$85**

**PLEASE SEE PARENT HANDBOOK FOR MEET SCHEDULE AND CLINTON PRACTICE SCHEDULE. PARTICIPANTS MUST PRACTICE IN CLINTON A MINIMUM OF 2 TIMES A WEEK FOR THE FIRST 2 WEEKS AND 1 TIME WEEKLY AFTER THAT. Please see the Warsaw Municipal Pool schedule for Warsaw Practice times.**

CAN YOU HELP COACH? **YES** NO CAN YOU SPONSOR? **YES** NO \$100  
SPONSOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### Golden Valley Dolphins Swim Team 2017

The Golden Valley Dolphin Swim Team is an organization cosponsored by the City of Clinton Parks and Recreation Department and Swim Team Parents. Warsaw will participate along with the Clinton team for the 2017 season.

**Eligible Participants:** Swimmers must be able to swim 25 yards continuously without assistance to participate in swim team. All new swimmers must be approved by the head coach. Girls must wear a one-piece suit to practice and meets.

**Fees: \$85 made out to WARSAW MUNICIPAL POOL**

### Participant Information

Swimmer First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name \_\_\_\_\_  
Birthday: \_\_\_\_\_ Age on May 31, 2017 \_\_\_\_\_  
Cell#: \_\_\_\_\_ Swimmer lives with Mother Father Both Other

### Parent/Guardian Information

Mother / Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Email address: \_\_\_\_\_

Father / Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact** (Someone we can call in an emergency if parents/guardians are unavailable)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Relationship to swimmer: \_\_\_\_\_

WARSAW PARKS & RECREATION 181 W. HARRISON WARSAW, MO 65355

OFFICE # 660-438-2312 parksrec@welcometowarsaw.com MAILING ADDRESS: PO BOX 68 WARSAW, MO 65355

[www.welcometowarsaw.com](http://www.welcometowarsaw.com)

**Release Form:**

I understand the Golden Valley Dolphin Swim Team will have adult supervision (provided by coaches and swim team parents) at practices and meets.

I understand this registration form must be completed and returned along with registration fees before the swimmer can attend any practices or meets.

I hereby give my consent for the above named swimmer to represent the Golden Valley Dolphin Swim Team in competition swimming and attend out of town meets.

If I cannot be reached in the event of an emergency or injury in the course of swim team activities, I give my consent for the Swim Team officials/coaches to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the swimmer.

I agree that I will not hold the Swim Team or the City of Clinton, Clinton Parks and Recreation Department/Aquatic Center, staff, instructors, coaches, volunteers, and/or assigns responsible in the case of accident or injury, whether it be during practice(s), or competitions(s).

I hereby release the Golden Valley Dolphin Swim Team, City of Clinton, Clinton Parks and Recreation Department/Aquatic Center and its assigns from all liabilities.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**2017 WARSAW PARKS & RECREATION**

THE EMPHASIS OF THESE PROGRAMS WILL BE ON DEVELOPING SKILLS (FOR ALL LEVELS) IN A SAFE AND FUN ENVIRONMENT! WE ARE NOT A COMPETITIVE LEAGUE, BUT WE ENCOURAGE ALL CHILDREN TO DO THEIR BEST, FOLLOW THE RULES AND ENJOY PLAYING THE GAME! WE ALSO ENCOURAGE PARENTS TO PARTICIPATE IN THE LEARNING PROCESS IN A POSITIVE MANNER AND REMEMBER IT IS ALL ABOUT THE KIDS!

**THANK YOU FOR YOUR PARTICIPATION! -WARSAW PARKS & RECREATION DEPARTMENT**

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**FULL RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT TO THE CITY OF WARSAW, a municipal corporation.**

In consideration of being permitted to participate in any event sponsored, promoted, or directed by the City of Warsaw, an municipal corporation, in the Warsaw Parks & Recreation Programs \_\_\_\_\_, 20\_\_ the undersigned and/or parent or legal guardian, his/her personal representatives, heirs and next of kin HEREBY RELEASES the City of Warsaw, a municipal corporation, and its and their respective departments officers, Board of Alderpersons, Mayor, promoters, sponsors, employees, and agents (herein at times referred to as "releasees") or otherwise while the undersigned, is for any purpose, participating in such event. It is fully understood by each of the undersigned that there is some inherent risk associated with this event, including personal injury or death. IN ADDITION, THE UNDERSIGNED AGREES TO INDEMNIFY AND HOLD HARMLESS the "releasees" negligence or otherwise while the undersigned is participation at this event. In signing the release, each of the undersigned hereby acknowledges and represents the following: 1. That he/she has read the foregoing Release and Waiver of Liability and Indemnity Agreement; and understands the he/she is assuming liability and indemnifying as to any minors injury. 2. That he/she shall at all times, while attending or participating in the event take all reasonable safety measures to avoid injury himself/herself and all others from any cause. 3. That he/she shall inspect all equipment used by the undersigned or his/her ward. That the undersigned is informed of the rules for the event and will strictly adhere to these rules.

*Violation of any rules may result in the termination of the participants participation in the event.*

I HAVE READ THE FULL, RELASE AND WAIVER OF LIABILITY AND INDMNITY AGREEMENT AND AGREE TO BE BOUND BY ITS TERMS.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(printed name)