



Regency Estates Swim Club 2010 Swim Team and Pre-Team Registration

For Official Use Only

Swimmers last name
RESC Membership # _____
Amount pd \$ _____
Cash ___ or Check # _____

*Please submit completed form and registration fee to **Dana Stewart** or mail to RESC, PO Box 341913, Bethesda, MD 20827. All forms and fees must be received before a swimmer can attend practice.*

Name of Swimmer(s)	Gender (B/G)	Birth date (xx/xx/xx)	Age as of 6/01/2010	Pre-Team?

For Pre-Team Only: Please indicate your top two choices for Pre-Team sessions (preference is not guaranteed):

- | | |
|---|--|
| <input type="checkbox"/> 10:15 – 10:45 a.m. Mon & Wed
<input type="checkbox"/> 3:30 – 4:00 pm Mon & Thurs
<input type="checkbox"/> 4:00 – 4:30 pm Mon & Thurs | <input type="checkbox"/> 10:15 – 10:45 a.m. Tues & Thurs
<input type="checkbox"/> 3:30 – 4:00 pm Tues & Fri
<input type="checkbox"/> 4:00 – 4:30 pm Tues & Fri |
|---|--|

Address _____

Home Phone _____ E-mail _____

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Emergency Contact _____ Phone _____

TEAM T-SHIRTS: Each registered swimmer received a free T-shirt. Please indicate preferred size for each swimmer: youth medium or large, or adult small, medium, large, or xlarge. Sizes: _____



Additional T-shirts are available for \$10 each. Number of shirts _____ Size(s) _____.

TEAM SWIM SUITS: RESC Team is using the same suit as last year: **TYR Poseidon** (red). A vendor will be at time trials on June 12 selling suits; they also are available at most swim gear retailers.

FEES: The cost is \$110 for each child. All fees must be paid before swimmers can participate in events. Please make checks payable to RESC.

ABSENCES: To help our coaches effectively plan the season, please indicate any dates that your child will not be able to participate in swim meets due to vacation, camp, etc. If you expect to be gone but do not know the dates now, please **let the coaches know as soon as you know**. Also, please let the coaches know if your swimmer(s) cannot attend **Time Trials on June 12**.

Dates of Absences:

SWIM EXPERIENCE: Did your children participate in any winter swim programs this year?

Yes ____ No ____ If yes, which program? _____

Release of Liability

I/we _____ do(es) hereby authorize and permit my/our child(ren): _____:

- To participate in the Swim Team activities conducted by Regency Estates Swim Club,
- To receive emergency medical treatment from qualified personnel in the event that I/we cannot be reached in a medical emergency, and
- To have their names and/or photos displayed on the Regency Estates Swim Club's website in conjunction with Swim Team activities.

Permission and Release. In consideration for the privilege of participation in said activities, the Parent does hereby, on behalf of his/her minor child(ren), RELEASE, INDEMNIFY, AND HOLD HARMLESS the Montgomery County Swim League, the Regency Estates Swim Club, the coaching staff, and the RESC Board and its representatives from all liability for damages and injuries of every kind to the person and property of the Parent's minor child(ren). This release of liability shall pertain to injuries and losses occurring on or off the Swim Club's premises, during or because of Swim Team practice, travel, competition, or related activities.

Assumption of Risk. The Parent does hereby acknowledge that there are certain risks inherent in the very nature of Swim Team activities, including the risk of bodily injury. It is understood that such risks include, but are not limited to, impact or contact with natural or man-made objects, chemicals, substances or other persons. It is further acknowledged that injury may arise from known or unknown health problems and from foreseeable and unforeseeable causes.

Having fully considered the risks, the Parent does hereby ASSUME ANY AND ALL RISK involved in the Swim Team participation and does hereby RELEASE Montgomery County Swim League, the Regency Estates Swim Club, the coaching staff, and the RESC Board and its representatives from any and all liability for injury or loss as herein described.

Parent Signature

Date