



YMCA MASSAD MARLINS SWIM TEAM 2016 Registration Form



Child must be 5 years of age by June 1st & swim the length of the pool (No exceptions)

Advance Registration for Returning Marlins Families: March 14-20

Registration opens up for all: March 21

Swim Team Registration Fees

Water Park Season Pass Holder or Stingray Swimmer	Member of the Y ONLY (no Water Park pass)	Non-Member
\$80	\$130	\$180

**“Meet the Coaches” Party
May 21st
5:30 to 7:30pm
INDOOR Wellness Pool**

- No sibling discounts
- T-shirts are provided to swimmers if registered by May 25, 2016

First name	Last name	DOB	Age as of June 1	Shirt size (youth or adult)	M/F	Fee per swimmer

Home Address _____ City _____, VA Zip code _____
 Home Phone Number _____ Email _____
 Father’s Name _____ Cell Phone Number _____
 Mother’s Name _____ Cell Phone Number _____

_____ I understand that I am **required** to volunteer in each meet my child(ren) participate in. All families are required to register for their volunteer assignments at www.signupgenius.com. Failure to meet the volunteer requirement will result in children not qualifying to participate in the swim meet(s). **(Please initial)**

_____ I understand that I am to notify the coach(es) at least 2 days in advance that my child(ren) will be unable to swim in a meet. I also understand I am responsible for finding a substitute for the volunteer position I filled. *Failure to notify the coach(es) may result in my child not swimming in the next meet.* **(Please initial)**

Total Marlins team fee of \$ _____
 Purchasing a Season Pass today? _____ (If not Members of the Y, must pay pass price in full today)
 Total fee of \$ _____ payable to YMCA by cash, check, Visa or MasterCard.

Staff Processing Signature: _____ Date: _____ Attach Receipt



RSL WAIVER/RELEASE OF LIABILITY

(One per swimmer required)

I, _____, the enrolled participant and the parent/guardian of the participant, agree and understand that swimming is a HIGH RISK ACTIVITY. I recognize that there are risks inherent in the sport of swimming, which could result in (but not limited too) paralyzing injuries and death.

The participant hereby agrees to participate in the Rappahannock Swim League program and hereby agrees to indemnify and hold harmless the Rappahannock Swim League, Inc., its coaches, officers, directors, agents, volunteers, and employees, including its swim team and their respective coaches, officers, directors, agents, volunteers and employees against any liability resulting in injury that may occur to the participant while participating in the Rappahannock Swim League program. The participant also agree to indemnify the Rappahannock Swim League Swim League Inc., and the Massad Marlins Swim Team from any liabilities, demands, claims, or law suits arising from the actions or inactions of the participant.

The participant and the parent/guardian of the participant authorize any representative of the Rappahannock Swim League, Inc. or the Massad Marlins Swim Team to have the participant treated in any medical emergency during their participation in the Rappahannock Swim League Program. Further, the participant and the parent/guardian agree to pay all the costs associated with medical care and transportation of the participant.

I have noted below any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

SIGNED: _____ DATE: _____

(Participant)

SIGNED: _____ DATE: _____

(Parent/Guardian)

Medical/Health Problems:

Photo Release: My signature below authorizes the Rappahannock Area YMCA, Inc. and Massad Marlins affiliates to take & use photos of the registered participant while involved in Y activities for promotional purposes. My signature further authorizes the use of the name of participant in conjunction with photos taken.

DATE: _____

OR I DO NOT AUTHORIZE the Rappahannock Area YMCA, Inc. to use my child's photo or name for promotional purposes. _____ DATE: _____