

## Camelot Swim Team Registration Form

Child Name	Date of Birth	Age	T-shirt size*

\*shirt sizes YS, YM, YL, AS, AM, AL, AXL

**CONTACT INFORMATION:**

Parent/Guardian names: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mom's cell: \_\_\_\_\_ Dad's cell: \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions of any participants: \_\_\_\_\_

**I give my permission for my child(ren) to receive emergency medical care in the event that I cannot be reached.**

Sign \_\_\_\_\_ Date \_\_\_\_\_

**MEET SCHEDULE:**

Please mark which meets you WILL NOT attend. You must swim at least two dual meets to swim city meet. There will also be an absentee sheet on the bulletin board at the pool.

\_\_\_\_\_ June 2<sup>nd</sup>

\_\_\_\_\_ June 23<sup>rd</sup>

\_\_\_\_\_ June 9<sup>th</sup>

\_\_\_\_\_ June 30<sup>th</sup>

\_\_\_\_\_ June 16<sup>th</sup>

\_\_\_\_\_ July 10<sup>th</sup>-11<sup>th</sup> City Meet at Huntsville Aquatic Center

I, the undersigned parent/legal guardian of the above listed participants, acknowledge that I understand the risks inherent in swim activities. I agree for myself, my family, heirs, and assigns, not to sue and do hereby release, indemnify and hold harmless Camelot Recreation Association (CRA), its owners, officers, agents, instructors, and volunteers from any and all present and future liability, claims, demands, or causes of action whatsoever arising from the participation in any and all activities associated with Camelot Swim Team. I understand that this Release of Liability shall be as broad and inclusive as permitted by the laws of the State of Alabama. I understand that by signing this form, I am giving up legal rights and remedies which may be available to me for the ordinary negligence of any of the parties listed above.

I acknowledge that I am aware of the inherent risks involved in the event, and I voluntarily assume these risks. I attest and verify that the participant is capable to engage in such activities for Camelot Recreation Association's swim team.

As a condition of my child's participation in this Event, I hereby grant Camelot Recreation Association a limited license to use his/her name, likeness, image, voice, video, athletic performance, biographical and other information (collectively, "Likeness"), in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the event. The foregoing grant, however, does not constitute consent to use my Likeness in an endorsement of any product or service without my specific written consent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Must be at least 18 years of age and have read and understand the above).

**FEES:**

Swim team only Camelot membership - \$125

First child - \$75

Each additional child - \$70

<b># of Swimmers:</b>	<b>Amount Due \$</b>
<b>Additional Shirts:</b>  YS, YM, YL, AS, AM, AL, AXL = \$15 each 2XL, 3XL, 4XL = \$18 each	<b>Amount Due \$</b>
	<b>TOTAL DUE \$</b>

Make check payable to "CRA"

**\*\* The fee includes RCSL dues, all swimming fees, end of season awards, coaches salaries, t-shirt, and latex swim cap.**

<u>Official Use Only</u>
Amount Paid \$ _____
Check Number: _____
Cash: _____
Membership Verified: _____