

Arden Manor Pirates Swim Team

2020 Registration Form

Parent Information. Include all names and emails who will want swim team communication. Use back of form if necessary.

Primary PARENT/GUARDIAN NAME(s): _____ PHONE _____

Alternate PARENT/GUARDIAN NAME(s): _____ PHONE _____

HOUSEHOLD ADDRESS: _____

PARENT/GUARDIAN EMAIL(s): _____

EMERGENCY Contact Name _____ PHONE _____

PARTICIPANT INFORMATION (Attach additional pages if necessary)

Participant	School District	First Name	Last Name	DOB	Gender	Age as of 6/1/20	Age Group *
1							
2							
3							
4							
5							
6							

* 6U, 7/8, 9/10, 11/12, 13/14, 15/18

Agreement, Waiver & Release: I/we have carefully read description of class(es) / program(s) for which I am/we are registering and in consideration for being permitted by the Arden Manor Recreation and Park District to participate in the above activity, I/we hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I/we may have, or which may hereafter accrue to me/our children, as a result of participation in said activity between the dates of January 1, 2020 and December 31, 2020. This release is intended to discharge in advance the Arden Manor Recreation and Park District (its officers, officials, employees, and volunteers) from any and all liability arising out of, or connected in any way, with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I/we agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I/we may sustain while participating in said activity. Initial _____

Photo Release: I/we give the Arden Manor Recreation and Park District, the absolute right and permission to use the participants photograph in its promotional materials and publicity efforts. I/we understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or other form of promotion. I/we release the

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District, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. Initial _____

Parental Consent: Must be completed and signed by parent/guardian if participant(s) is under 18 years of age. I/we hereby consent that: _____ (child's/children's names) may participate in the above activity, and I hereby execute the above agreement, waiver, and release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold harmless the persons and entities mentioned above, free and harmless from any loss, liability, damage, cost, or expense, which may occur as a result of death or injury, or property damage, that said minor may sustain, while participating in said activity between the dates of January 1, 2020 and December 31, 2020. Initial _____

Refund & Registration Payment Policy: Registration fees will not be refunded or adjusted should the participant fail to attend a class or program. Refunds will be issued in the event that a class or program is canceled. Refer to Handbook for additional refund policy. All registration fees must be paid in full at the time of registration unless otherwise specified in the class or program description. Partial payments will not be accepted.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I/WE AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ARDEN MANOR RECREATION AND PARK DISTRICT AND I/WE SIGN IT OF MY/OUR FREE WILL.

Name: _____ Signature: _____ Date: _____

FEE INFORMATION (Participants on the same form must be siblings in the same household)

Participants

First Swimmer: Qnty ____ @ \$155.00 = \$ _____

Second Swimmer: Qnty ____ @ \$140.00 = \$ _____

Third + Swimmer: Qnty ____ @ \$120.00 = \$ _____

Total Base Registration fees: \$ _____

AMRPD Use Only:

Amount Paid \$ _____ Payment Method _____ Balance \$ _____