



# Arden Manor Pirates Swim Team



## April 1, 2021 – August 15, 2021 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 6/1/21	Age Group *
1							
2							
3							
4							
5							
6							

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

### AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) 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 active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks. Initial \_\_\_\_\_



# Arden Manor Pirates Swim Team



## April 1, 2021 – August 15, 2021 Registration Form

**PHOTOGRAPHIC RELEASE:** I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials. 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 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 \_\_\_\_\_

**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.

**PARENTAL/GUARDIAN CONSENT:**(to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my child, \_\_\_\_\_, participate in the above-referenced 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 the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor’s participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

\_\_\_\_\_  
Signature Name (Printed) Date

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

**Participants**

**First Swimmer:** Qnty \_\_\_\_\_ @ \$165.00 = \$ \_\_\_\_\_

**Second Swimmer:** Qnty \_\_\_\_\_ @ \$150.00 = \$ \_\_\_\_\_

**Third + Swimmer:** Qnty \_\_\_\_\_ @ \$130.00 = \$ \_\_\_\_\_

**Total Base Registration fees:** \$ \_\_\_\_\_

**AMRPD Use Only:**

Amount Paid \$ \_\_\_\_\_ Payment Method \_\_\_\_\_ Balance \$ \_\_\_\_\_ Staff \_\_\_\_\_