



Arden Manor Pirates Swim Team



April 1, 2022 – August 15, 2022 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 6/1/22	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 _____

