



## SWIM TEAM APPLICATION

### PARENT INFORMATION

Parent/Guardian Name:

Address

Cell Phone:

Email

### EMERGENCY CONTACT INFORMATION

Emergency Contact:

Relationship:

Phone number:

Physician:

Phone number:

Medical conditions of swimmer:

**PARTICIPANTS MUST BE ABLE TO SWIM ONE LENGTH OF POOL WITH MINIMAL ASSISTANCE BY JUNE 1 TO BE ABLE TO COMPETE IN SWIM MEETS. PARENTS MUST VOLUNTEER TO HELP AT SWIM MEETS. EMAIL ASSIGNMENTS WILL BE SENT OUT BEFORE EACH SWIM MEET.**

**REGISTRATION FEE IS \$75 FOR EACH CHILD. PAYMENT CAN BE MADE AT [WWW.CHAPMANPOOL.NET](http://WWW.CHAPMANPOOL.NET)**

Swimmer's name:

age

Date of birth

Swimmer's name:	age	Date of birth

**I, THE UNDERSIGNED PARENT/LEGAL GUARDIAN OF THE ABOVE LISTED PARTICIPANTS, ACKNOWLEDGE THAT I UNDERSTAND THE RISKS INHERENT IN SWIM TEAM ACTIVITIES. I AGREE FOR MYSELF, MY FAMILY, HEIRS, AND ASSIGNS, NOT TO SUE AND DO HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS CHAPMAN SWIM TEAM 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 CHAPMAN 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.**

### SIGNATURES

Signature of applicant:

Date: