

# 2017 REGISTRATION FORM

CITY SWIMMING AND DIVING LEAGUE



Athlete's Name _____ <input type="checkbox"/> This is my 1st year	BIRTHDATE (MM/DD/YY) _____	AGE (6-18 ONLY)* _____	<input type="checkbox"/> M <input type="checkbox"/> F
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*\*In order to join and compete in swimming events, age 10 & younger swimmers must be able to swim one length of the pool unassisted and without stopping; age 11 & older swimmers must be able to swim two lengths of the pool unassisted and without stopping.*

*\*In order to join and compete in the diving events, a diver must be able to complete a forward dive from a 1-meter diving board and must possess the skills which, in the judgment of the diving coach, are necessary to avoid injury to the diver.*

**\*IMPORTANT:** Make sure the age and birth date are accurate. If this is a June or July birth date, the participant will have to move up at that birth date or before to have results to be eligible at the Champ meet. You may want the child to swim/dive at the older age group all season.

List adults responsible for participant in case of emergency:  *Primary Contact Parent/Guardian's Name _____  Secondary Contact Parent/Guardian's Name _____	Check which PRIVATE POOL team swimmer/diver wants to compete for: <input type="checkbox"/> Cople YMCA <input type="checkbox"/> Cooper YMCA <input type="checkbox"/> Eastridge** <input type="checkbox"/> Fallbrook YMCA** <input type="checkbox"/> Hillcrest** <input type="checkbox"/> Meadowlane** <input type="checkbox"/> Waverly <input type="checkbox"/> Country Club** **Pools with diving teams.
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Check one or both teams: <input type="checkbox"/> Swimming <input type="checkbox"/> Diving <input type="checkbox"/> Both
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Mailing Address _____ <input type="checkbox"/> This is a new address	City _____	State <b>NE</b>	Zip _____
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Phone Numbers _____ Athlete's Home Phone _____	<b>T-shirt size; check with the coach for information about t-shirts: (please circle size)</b> Child Size <b>M</b> <b>L</b> Adult Size <b>S</b> <b>M</b> <b>L</b> <b>XL</b> <b>XXL</b>
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Primary Contact phone numbers::	Day _____	Cell _____
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\*Parent's e-mail address: \_\_\_\_\_

**VOLUNTEER SIGN UP**    *This is important!!! Swim meets can only take place when you volunteer to help. Mark which meet(s) you will work below:*

1<sup>st</sup> Volunteer's Name: \_\_\_\_\_ Swim coach will follow up.

Circle weekly swim meet(s) you'll work:	<b>Meet 1</b> 6/17/17 (Sat)	<b>Meet 2</b> 6/24/17 (Sat)	<b>Meet 3</b> 7/1/17 (Sat)	<b>Meet 4</b> 7/8/17 (Sat)
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Volunteer 1<sup>st</sup> Choice \_\_\_\_\_  
 Job: 2<sup>nd</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Volunteer's Name: \_\_\_\_\_ Swim coach will follow up.

Circle weekly swim meet(s) you'll work:	<b>Meet 1</b> 6/17/17 (Sat)	<b>Meet 2</b> 6/24/17 (Sat)	<b>Meet 3</b> 7/1/17 (Sat)	<b>Meet 4</b> 7/8/17 (Sat)
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Volunteer 1<sup>st</sup> Choice \_\_\_\_\_  
 Job: 2<sup>nd</sup> Choice \_\_\_\_\_

Volunteer's Name for Champ City Swim Meet: \_\_\_\_\_ City Swim Meet 7/22/17

Job job you would like to do for Champ. City Swim Meet: 1<sup>st</sup> Choice \_\_\_\_\_  
 2<sup>nd</sup> Choice \_\_\_\_\_

**REGISTRATION INFORMATION**  
 Registration form and fee goes to your coach. For the cost of program, please see your team coach.

**ADDITIONAL TEAM**  
 If registering for both the swimming and the diving teams at one of the private pools, you may need additional fees to be registered on both teams. See your coach.

**TOTAL ENCLOSED**..... \$ \_\_\_\_\_  
 Cash  OR Check  --Write in check # \_\_\_\_\_

◆ END OF REGISTRATION IS JUNE 26, 2017, OR WHEN THE TEAM LIMIT IS REACHED, WHICHEVER COMES FIRST.

**End-of-Season Pool Party**  
 Each team holds an end-of-season pool party to hand out ribbons, medals, certificates. Your coaches will let you know the costs and/or what to bring.

**Parents, please note: no signature—no participation**

**WAIVER AND RELEASE OF ALL CLAIMS**

*Please read this form carefully and be aware that in participating you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this participation.*

As a participant or parent/guardian of a participant, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I or my minor child/ward may have against the City of Lincoln and its officials, officers, agents, servants and employees as a result of participating. I do hereby fully release and discharge the City of Lincoln and its officials, officers, agents, servants, employees and volunteers from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may incur or may accrue to me or my minor child/ward on account of my participation.

I further agree to indemnify and hold harmless and defend the City of Lincoln and its officials, officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and or arising out of connected with, or in any way associated with the activities of my participation.

I have read and fully understand the above warning of Risk and Waiver and Release of All Claims.

**\*Required Signature of Parent/Guardian** \_\_\_\_\_

Please remember that your swimmer won't be able to get into the water until this release has been signed and payment made.

**Date** \_\_\_\_\_