

Batesville Swim Team

Registration Form

Please Mail this Completed Form w/ Payment to the Batesville Swim Team at 464 N Township Line Rd, Batesville, IN 47006

Swimmer Name	Date of Birth	Age on May 15	Group 1* Group 2*	Team Fee	May Session Add \$25	Team Cap Add \$10	Team Shirt Add \$15	Shirt Size?		Total	
1 _____	_____	_____	_____	\$50	_____	_____	_____	_____		_____	
2 _____	_____	_____	_____	\$50	_____	_____	_____	_____		_____	
3 _____	_____	_____	_____	\$50	_____	_____	_____	_____		_____	
4 _____	_____	_____	_____	\$50	_____	_____	_____	_____		_____	
									<small>YXS, YS, YM, YL, YXL XS, S, M, L, 1X, 2X, 3X</small>	TOTAL	_____

Please list the June weekdays that you know you will miss: _____

Parent Names: _____

Email: _____

Cell: _____

* Group 1 is for older more experienced swimmers, Group 2 is for younger less experienced swimmers, Coaches Will Ultimately Decide Which Group Your Swimmer Is In.

Liability & Indemnification Form

I, the undersigned parent/guardian, request voluntary participation for the above mentioned swimmer(s) to participate in all events sponsored by the Batesville Swim Team. I consent to my/minor's participation in all activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and or the rules of play of this type of event or activity. In consideration of allowing the above mentioned swimmers to participate in the activities, I hereby release and hold harmless the Batesville Swim Team, Batesville Memorial Pool, City of Batesville and their members of its board of directors, employees, volunteers, other participants, and agents of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that participant(s) may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I certify that my/minor(s) is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required, In addition, I understand that the Batesville Swim Team may use pictures of the team in a professional manner for marketing and promotional purposes. The undersigned parent/guardian further agrees to indemnify, save and hold harmless the above mentioned parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from the above mentioned swimmer(s) participation in the activities.

Signature: _____

Printed Name: _____

Date: _____

Please Mail this Completed Form w/ Payment to the Batesville Swim Team at 464 N Township Line Rd, Batesville, IN 47006