

Batesville Swim Team

Registration Form

Please Mail this Completed Form along with Payment to the Batesville Swim Team at PO Box 334, Batesville, IN 47006

Swimmer	Date of Birth	Age on May 15	Training Group	Team Fee	Team Cap Add \$15	Total	Please List Dates Your Swimmer Will Miss	
1	_____	_____	_____	\$85	_____	_____	_____	Team Suits will be available at Our Team Store Located On Our Website @ batesvillswimteam.com
2	_____	_____	_____	\$85	_____	_____	_____	
3	_____	_____	_____	\$85	_____	_____	_____	
4	_____	_____	_____	\$85	_____	_____	_____	
5	_____	_____	_____	\$85	_____	_____	_____	

For Clarification On Which Training Group Is Right for Your Swimmer, Please Find the Training Group Document on Our Website @ batesvilleswimteam.com

Parent Names: _____ Email: _____ Cell: _____

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: _____

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