

**Briarwood Swim Team Registration - 2014**

Swimmer Name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Age as of 6/1/2014 \_\_\_\_\_

Swimmer Name: \_\_\_\_\_ Male : \_\_\_\_ Female: \_\_\_\_ Age as of 6/1/2014 \_\_\_\_\_

Swimmer Name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Age as of 6/1/2014 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Primary Email

Address: \_\_\_\_\_

Additional Email Address: \_\_\_\_\_

Emergency Contact and/or Authorized pick-up (for youth participants):

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Alt:Phone: \_\_\_\_\_

List participant allergies/medical conditions/limitations: \_\_\_\_\_

T-Shirt- \$10 Additional  
Size (If Ordering)

YS	YM	YL	AS	AM	AL	AXL
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**LIABILITY WAIVER & RELEASE:**

\_\_\_\_\_ I/We, the above Participant(s) and/or spouse and/or parents/guardians of the above Participant(s), do hereby consent to my/our/his/her participation in Briarwood Swim Team including all programs incidental to the Activity. I/We assume all responsibilities for, and risk and hazards of, participation in the Briarwood Swim Team. In consideration of being allowed to participate in the Briarwood Swim Team , I/We hereby release and forever discharge the Briarwood Swim Team, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my/our/ his/her participation in the Briarwood Swim and all programs incidental to the Briarwood Swim Team.

\_\_\_\_\_ I hereby give the Briarwood Swim Team permission to take photographs of the participant or photographs in which the participant may be involved with others without compensation to the participant. These photographs may be used by the Briarwood Swim Team for promotional and information purposes in print, on the Briarwood website and in other media.

I have read and understand the information contained in this Registration Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Circle Your Volunteer Area of Interest**

Swim Meet Help	Concessions	Party Planning
Fundraising/Spirit Night	Practice Help (In-Pool)	Exec. Board

**Registration Use Only**

Total Registrations \_\_\_\_\_

Total Shirts \_\_\_\_\_

Total Amount Due \_\_\_\_\_

Date Registered	Volunteer Sign Up	Pmt Amt/Type/ CK #