

El Modena Vanguard 2020 Co-Ed Swim Registration



PLEASE PRINT NEATLY:

PARTICIPANT NAME (first/last): _____

ADDRESS: _____ CITY: _____ ZIP: _____

(circle one) Male or Female GRADE: _____ HOME PHONE: _____

Student Email: _____ Parent Email: _____

Mothers Name: _____ WORK/CELL: _____

Fathers Name: _____ WORK/CELL: _____

Anything we should know (allergies/asthma/etc.): _____

WAIVER FOR PARTICIPATION

Release of Liability for Participation and Medical Permission with Respect to Activities Associated with the El Modena Aquatic Booster Club (EMABC)

I, the undersigned (parent/guardian/legal custodian) of _____, a participant in recreational activities and programs supported by the El Modena Aquatic Booster Club agree that in consideration of the EMABC allowing the participant to participate in its activities, the undersigned releases and discharges EMABC, and any other persons, including, but not limited to, providers of private and public transportation of children, including persons using their own vehicles, and their heirs, administrators, executors, successors and assigns from, and holds them harmless against, all claims, actions, causes of action, Suits, damages, and liability of any nature whatsoever, arising out of the participant's participation in EMABC activities and programs, including but not limited to, the transportation of the participant to and from other facilities by persons using their own vehicles, or hired or public transportation facilities. If an emergency requiring medical attention occurs, I grant permission to a Physician or other hospital or emergency personnel designated in the judgment of the EMABC coaches or representatives to attend to the participant. In the event of an injury to the participant, I expect that every effort will be made to contact me in order to receive my authorization before any non-emergency medical treatment or hospitalization is undertaken.

Signed X _____ Date: _____
(parent/guardian/legal custodian)

**** Aquatics program is run solely on donations. If funds do not meet the financial need, the program may be modified or cancelled at any time! **

PROGRAM CONTRIBUTION NEEDED TO COVER COSTS \$250

Program Costs include: Coach's stipend, equipment (caps, training gear, lane lines, flags), facility maintenance, transportation, and Polo Shirt. Does not include the end of season Swim Banquet.

Polo Shirt Size: _____ Included with Registration!

Boys Suit Size: 24 26 28 30 32 34 36 \$40

Girls Suit Size: 24 26 28 30 32 34 36 \$55

Girls Suit Style (circle one) Full Back or Open back

Boys Suit Style (circle one) Briefs or Jammers

Total Donation to Program \$ _____ Total for Suit/Apparel (attach order) \$ _____

Make checks payable to "El Modena Aquatics" or send payment using PayPal to account elmoaquatics@gmail.com.

*Need a payment plan? Email Your Board Treasurer to arrange a payment plan. (kpwabc123@gmail.com)

Check # _____	Date: _____	Amt: _____	Donation Amt: \$ _____
Cash: _____	Date: _____	Amt: _____	Suit/Apparel Amt: \$ _____
Spirit Wear \$ _____	Date: _____	Amt: _____	Total: \$ _____
Payment Plan \$ _____	per week/month for _____		