

Elizabethton Typhoons Swim Club Program
Registration Information

Swimmer's name: _____ DOB: _____

Address: _____ Phone: _____

_____ Cell: _____

_____ Email: _____

School: _____ Grade 2016/17 _____

Parent/ Guardian: _____

Is Parent/ Guardian info different from above? YES NO

If yes, please list contact info for parent/ guardian:

Address: _____

Phone: _____

Swimmer's Health Conditions or allergies: _____

Is the swimmer currently taking any medications? YES NO

If yes, please list medications: _____

Swimmer's health insurance: _____ Policy #: _____

Emergency Contact: _____

Relationship to child: _____

Phone number of Emergency Contact: _____

May we contact you or the swimmer by text messages? YES NO

May we contact you or the swimmer by email? YES NO

For office use only:

Registration Paid: YES NO

Elizabethton Typhoons Swim Club Program
Liability Release Form

Swimmer's name: _____ DOB: _____
Address: _____ Phone: _____
_____ Cell: _____
_____ Email: _____
School: _____ Grade 2015/16 _____

I, _____, for and in consideration of the participation of myself or my child/ legal ward in the **Elizabethton Typhoons Swim Club** hereby acknowledge and do hereby release and forever discharge the Elizabethton City School System, Coach Jes Sutton, other coaching affiliates, their agents, employees, personal representatives, affiliates and any and all persons, firms or corporations liable, whether or not herein named, none of who admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property and also any and all injuries and damages that may develop in the future result of or in any way relating to the following **Elizabethton Typhoons Swim Club**. I acknowledge that water aerobics carries the potential for personal injury or even death. Risks of participation include but are not limited to cardiac or respiratory distress; bone or joint injuries, back or muscle injury; injury to internal organs; slipping, tripping or falling; lifting; twisting, straining, spraining or breaking an appendage, paralysis or other trauma or injury.

It is understood and agreed that the payment for my participation or my children's participation is made and received in full and complete settlement and satisfaction the causes of action, claims and demands mentioned herein; that this Release contains the entire agreement between the parties and that the terms of this Agreement are contractual and not merely a recital. Furthermore, this release shall be binding upon the undersigned, and his respective heirs, executors, administrations, personal representatives, successors and assigns. This Release shall be subject to and governed by the laws of the State of Tennessee.

EXECUTED this day, _____, 2016

Signed: _____

Printed Name: _____

Participating Children/Legal Ward: _____
