



Tenby Chase

Registration and Waiver Form

2010 Swim Team Fees are \$40 first & second swimmer, \$25 each additional swimmer

Every swimmer must have a registration and waiver form signed before attending practice.

All checks payable to Tenby Chase Sharks (Please do not pay any swim team fees with pool memberships)

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ MALE or FEMALE

PARENT NAMES _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

PARENT E-MAIL ADDRESS _____

T- SHIRT SIZE (Please circle) Youth M Youth L Adult S Adult M Adult L Adult XL

PERSONALIZED SWIM CAPS (\$10 for 2 caps) This is optional, you can still receive the team cap.

PROUD PARENT T-SHIRTS (Adult S-2xl) \$12.00 team t-shirt with Proud Parent of a Tenby Chase Shark on front pocket _____

Registration Fees _____ Cap Fees _____ Parent Shirt Fees _____ Total _____

WAIVER / RELEASE OF LIABILITY

I, _____,
the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I realize that there are risks inherent in the sport of swimming.

The participant agrees to participate in the Tri-County Swimming Pool Association (TCSPA) swim program and hereby agrees to indemnify and hold harmless Tenby Chase Swim & Sports Club (TCSSC), its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the TCSPA. The participant also agrees to indemnify TCSSC from any damages incurred arising from any claims, demands, action or cause of action by the participant.

The participant authorizes any representative of TCSSC to have the participant treated in any medical emergency during their participation in TCSPA. Further, the participant and/ or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

_____ I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.

SIGNED _____ DATE _____

Please send forms to:
Stephanie Aubrey 144 Red Stone Ridge, Delran, 08075
Please email me with any questions or concerns at Tcsharkmom@aol.com