

2015 HURRICANES SWIM TEAM REGISTRATION

FAMILY NAME _____ DATE _____

SWIMMER _____ AGE (on June 1st) _____ BIRTHDATE ____/____/____ SEX M/ F NEW _____

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SWIMMER _____ AGE (on June 1st) _____ BIRTHDATE ____/____/____ SEX M / F NEW _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (_____) _____ EMERGENCY PHONE (_____) _____

PARENT(S) NAME(S): _____

PARENT(S) E-MAIL ADDRESS: _____

PAST SWIMMING EXPERIENCE: _____

LIST ANY MEDICAL CONDITION ABOUT WHICH THE SWIM TEAM COACH SHOULD BE AWARE: _____

AS A PARENT, I UNDERSTAND THAT I HAVE AN OBLIGATION TO VOLUNTEER TO HELP THE SWIM TEAM AS NECESSARY WITH SUCH ACTIVITIES AS TIMING, OFFICIATING, SCORING, WORKING CONCESSIONS, ETC. SO THE TEAM CAN FUNCTION SMOOTHLY.

WAIVER FOR PARTICIPATION BY PARENT

AS PARENT OR GUARDIAN OF THE ABOVE MENTIONED CHILD, HEREBY CONSENT TO HIS OR HER PARTICIPATION IN THE ABOVE DESCRIBED PROGRAM UPON THE EXPRESS UNDERSTANDING AND CONDITIONS THAT:

1: I HEREBY ACKNOWLEDGE THAT THE ABOVE-DESCRIBED PROGRAM FOR WHICH I HAVE GIVEN MY CONSENT TO MY CHILD'S/WARD'S PARTICIPATION IS BEING SPONSORED BY THE CITY OF HIGHLAND HTS. AND ITS RECREATION DEPARTMENT.

2: I REPRESENT TO THE CITY AND ALL OTHER SPONSORS THAT MY CHILD IS PHYSICALLY CAPABLE OF PARTICIPATING IN THE ABOVE DESCRIBED PROGRAM, AND TO TAKE NECESSARY IN LIGHT OF MY CHILD'S PRIOR HEALTH HISTORY, WEIGHT AND PHYSICAL CONDITION. I HAVE CONSULTED MY CHILD'S/WARD'S PERSONAL PHYSICIAN OR OTHER HEALTH AUTHORITY BEFORE MAKING SUCH REPRESENTATION.

3: I RECOGNIZE THE RISK OF ILLNESS AND OTHER DAMAGES OR LOSS INHERENT IN ANY OF THE EVENTS AND ABOVE DESCRIBED PROGRAM.

4: IN CONSIDERATION OF THE CITY OF HIGHLAND HTS. PROVIDING FACILITIES FOR THIS PROGRAM, I AM PERMITTING MY CHILD'S/WARD'S PARTICIPATION IN THE ABOVE DESCRIBED PROGRAM UPON THE EXPRESS AGREEMENT AND UNDERSTANDING THAT I AM HEREBY WAIVING AND RELEASING THE CITY OF HIGHLAND HTS., ITS EMPLOYEES, OFFICERS, OR AGENTS AND REPRESENTATIVES FROM ANY AND ALL CLAIMS, COSTS, LIABILITIES, EXPENSES, OR JUDGEMENTS, INCLUDING ATTORNEY'S FEES AND COURT COSTS ARISING OUT OF MY CHILD'S PARTICIPATION IN THE ABOVE DESCRIBED PROGRAM OR LOSS, DAMAGE, ILLNESS, OR INJURY RESULTING THEREFROM.

5: FURTHER, IN THE EVENT OF AN INJURY, I HEREBY GIVE MY PERMISSION AND CONSENT TO AUTHORIZE EMERGENCY FIRST AID AND/OR HOSPITAL CARE OR TREATMENT FOR MY CHILD/WARD AS IS DEEMED NECESSARY BY QUALIFIED MEDICAL OR EMERGENCY PERSONNEL, OR SAID EMPLOYEES, OFFICERS, AGENTS OR REPRESENTATIVES OF THE CITY AND ITS RECREATION DEPARTMENT, AND FURTHER AGREE TO ASSUME ALL EXPENSES FOR SAID TREATMENT.

SIGNATURE: _____ DATE _____

HURRICANE SWIM TEAM T-SHIRT WITH SPONSORS FORM

SWIMMER'S NAME _____

PLEASE CIRCLE ONE SIZE FROM THE OPTIONS BELOW

YOUTH: MEDIUM (10-12) LARGE (14-16)

ADULT: SMALL MEDIUM LARGE X-LARGE XX-LARGE

‡5.00 EACH/ MAKE CHECKS TO: ***HURRICANE SWIM TEAM BOOSTERS CLUB***

CHECK # _____ CASH _____

EMAIL: _____

HURRICANE SWIM TEAM T-SHIRT WITH SPONSORS FORM

SWIMMER'S NAME _____

PLEASE CIRCLE ONE SIZE FROM THE OPTIONS BELOW

YOUTH: MEDIUM (10-12) LARGE (14-16)

ADULT: SMALL MEDIUM LARGE X-LARGE XX-LARGE

‡5.00 EACH/ MAKE CHECKS TO: ***HURRICANE SWIM TEAM BOOSTERS CLUB***

CHECK # _____ CASH _____

EMAIL: _____

**Hurricane Swim Team Sponsor form
Summer 2015**

Dear Sponsor,

We appreciate your interest in being a team sponsor. There are three different levels of sponsorship. Please look over the levels below and then complete the form and return it to the address printed below. Please remember to enclose your check made out to Hurricane Swim Team Booster Club. *Your sponsorship is tax deductible.*

Deadline for sponsorship is May 22, 2015 Thanks again for your support.

Regular Business & Family Sponsorship (\$100.00)

- 1. Your company or sponsorship name (family name) will be printed on the back of the Team T Shirt and on a sign, which will be posted in the entranceway of the pool for the swimming season.**
- 2. Additionally, your name will be announced at all home meets recognizing your generosity.**

Super Business & Family Sponsorship (\$300.00)

- 1. Your company or sponsorship name (family name) will be printed on the Team T Shirt, In a large , featured format.**
- 2. Your company or sponsorship name (family name) will be placed on a sign, which will be posted in the entranceway of the pool for the swimming season.**
- 3. Additionally, your name will be announced at all home meets recognizing your generosity.**

Team Family Sponsorship- Hurricane Families only (\$50.00)

- 1. Your Family sponsorship name will be printed on the back of the Team T Shirt.**

Name: _____

Address: _____

Phone Number: _____

Email: _____

Please place below exactly how you would like your company or sponsorship name to appear on the T-shirt and Sign. (If you would like to use your business card, please enclose it in the envelope.)

Make checks payable to: *Hurricane Swim Team Booster Club*

Mail to:

***Tammy Coffey -1666 Byron Drive, Mayfield Hts 44124 (cyberkids@sbcglobal.net) or
Sam Engoglia- 454 Locklie Highland Hts 44143 (wec3frp@me.com)***