

**Mountain Hi Swim League**  
**2011 Registration and Insurance Form**  
 (please print clearly)

Team Name: Dam West Dolphins Swim Team Date: \_\_\_\_\_

Swimmer's Legal Name									Team Fees							
Last Name			Legal First Name			M.I.	Gender		Age by			Birth Date			Cash/check	Credit Card
							M	F	6/1/11			MM	DD	YY	\$110.00	\$115.00

(Note: If a swimmer does not have a middle initial, put in an asterisk \*)

**Parent (Legal Guardian) Information**  
 (please print clearly)

Primary Contact: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

Secondary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**Insurance Waiver**

Inconsideration of permission granted this child or these children by the Dam West Dolphins to participate in its 2011 swim season, I hereby release and discharge said association and Mountain Hi Swim League, of which it is a member, and their agents, officers, directors, employees, homeowners, individuals, individual members, volunteer workers, and all others from all claims, demands, actions, judgements, and executions which the which the undersigned ever had, now has, or may have, or which the undersigned's heirs, executors, administrators, or assigns may have, or claim to have, or claim to have, against said association and Mountain Hi Swim League, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the above-described activity.

I understand that this Mountain Hi Swim League insurance is a secondary insurance police and that a \$2,500 deductible will apply with any claim.

For the safety of your own child, Mountain Hi Swim League highly recommends that you inform your child's coach and team Parent Delegate of any condition which may affect your child during the 2011 swim season.

**I, the undersigned, have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance. In witness thereof, I have executed this release the day and year indicated below.**  
 Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Indicate with your initials below that you and your child/children have read, understood and agree to all of the following 2011 Dam West Dolphins Swim Team registration documents.

\_\_\_\_\_ Coach's Welcome Letter  
 \_\_\_\_\_ Media Waiver  
 \_\_\_\_\_ Code of Conduct

\_\_\_\_\_ At the Meets  
 \_\_\_\_\_ Volunteer Requirements  
 \_\_\_\_\_ Assistance Letter

\_\_\_\_\_ Consessions  
 \_\_\_\_\_ Practice/Meet Schedule