

WAIVER / RELEASE of LIABILITY

The Summerfield North Swim Team is intended to promote healthy, safe and fun swimming opportunities for our children. However, like many physical activities, swimming and associated activities pose certain inherent health risks that can result in serious injury or even death. The Summerfield North Swim Team does not require an examination by a medical expert to identify any pre-existing physical ailments of my/our child/children, the overall physical condition of my/our child/children, or to condone their participation in the Summerfield North Swim Team activities.

For that reason, and with an explicit understanding of the consequences of doing so, I/we, as the parent(s) or legal guardian(s) of the child/children named below, agree that I/we will not file suit individually and/or on behalf of my/our child/children or cooperate in any such suit brought on behalf of our child/children against the Summerfield North Swim Team, its coaches or coordinators, or the Summerfield North Neighborhood Association board or its members, for an injury suffered by our child/children in the course of any Summerfield North Swim Team sanctioned activities, including swim meets, practices, and extracurricular activities, UNLESS the injury is the result of gross negligence, meaning willful misconduct of the party sued. I/we further agree not to assign any right I/we may have to sue the individuals or entities referenced above, and I/we agree that our waiver of liability shall bind our heirs, assigns or successors in interest. I/We further agree that if I/we do initiate or am party to litigation in which gross negligence is alleged, and that lawsuit is unsuccessful, I/we will reimburse the party(ies) sued for their legal fees and costs associated with that lawsuit. I/we understand that it is the parent's responsibility to provide proper insurance for their child/children.

I/We have read and fully understand the nature of the above waiver and release of liability statement. (Both legal guardians should sign, if applicable).

Signature (Parent or Legal Guardian)

Date

Signature (Parent or Legal Guardian)

Date

Child/Children's Name(s) _____

Stingrays Swim Team Code of Conduct - 2011

As a member of the 2011 Summerfield North Swim Team, I am expected to adhere to the following conduct guidelines:

1. Act and conduct myself with dignity and respect for others and the property of others.
2. Practice and teach good sportsmanship
3. Promote high team spirit and morale.
4. The following **will not be tolerated**:
 - Disrespect to a coach or teammate
 - Inappropriate language
 - Any behavior that may cause harm to someone else
 - Unsportsmanlike conduct during practices or meets
 - Vandalism of any kind
 - The use of alcohol or drugs
5. Possible consequences of violating the Code of Conduct:
 - Swimmer being sent home from practice
 - Parents notified of problem
 - Possible suspension from any team activity including practices, meets, parties
 - Dismissal from team

Signature of swimmer _____

Signature of swimmer _____

Signature of swimmer _____

Signature of swimmer _____

Signature of parent/guardian _____

Date: _____

Registration Form – 2011 Summerfield North Swim Team

Swimmer's Name _____ Date of Birth _____
Age as of June 1, 2011 _____

Swimmer's Name _____ Date of Birth _____
Age as of June 1, 2011 _____

Swimmer's Name _____ Date of Birth _____
Age as of June 1, 2011 _____

Swimmer's Name _____ Date of Birth _____
Age as of June 1, 2011 _____

Parent/Guardian Name _____

Home Phone # _____ Work # _____ Mobile # _____

Address _____

Email (**VERY** important for swim team communications) _____

Will swimmers REGULARLY attend evening practice? Yes _____ No _____
(This would be because of attending year-round school, morning camp, or job schedule)

MEDICAL RELEASE

I hereby give Summerfield North Swim Team managers and coaches permission to obtain emergency medical or dental treatment for my children as named above in the event I cannot be reached.

Parent or Guardian signature and date

Swimmer's Physician _____

Phone # _____

Swimmer's Dentist _____

Phone # _____

Health Insurer _____

Policy Number _____

PARENT VOLUNTEERS

Specific job request _____ or No preference, place me where
needed most