

**Mountain Hi Swim League
2010 Registration and Insurance Form**
(please print clearly)

Team Name: _____ **Date:** _____

Swimmer's Legal Name			Gender		Age by	Birth Date			Team
Last Name	Legal First Name	M.I.	M	F	6/1/10	MM	DD	YY	Fees

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

Parent (Legal Guardian) Information

Mother's Name: _____ **Email:** _____

Phone: (H) _____ **(W)** _____ **(C)** _____

Address: _____

Father's Name: _____ **Email:** _____

Phone: (H) _____ **(W)** _____ **(C)** _____

Address: _____

Emergency Contact: _____ **Phone:** _____

Insurance Waiver

In consideration of permission granted this child or these children by the following swim team, _____ [Swim Team Name] to participate in its 2010 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, individual members, volunteer workers, and all other from all claims, demands, actions, judgments, and executions which the undersigned ever had, now has, or may have, or which the undersigned's heirs, executors, administrator, or assigns may 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 policy 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 2010 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:** _____

(Please turn in both copies to your team Parent Delegate)