



Victor Swim Club, Inc.
953 High Street
Victor, NY 14564
www.victorswimclub.org

Application and Registration Form 2009-2010 Season

Swimmer Information			
Last Name:		First:	MI:
Birth date:	Age:	Gender M/F:	Grade:

Parent/Guardian Information			
Father's Last Name:		First:	
Cell/Office #:	Email:		
Mother's Last Name:		First:	
Cell/Office #:	Email:		
Address:	City:	State:	Zip:
Home phone:			

The Victor Swim Club, Inc. does not carry insurance to cover injuries or accidents to its members and participants. It is the understanding that parents/guardians will personally carry whatever insurance coverage they deem necessary for their child and shall not hold the Victor Swim Club, Inc., its Executive Board, or coaches, liable in any way. Applications will NOT be accepted without the waiver being acknowledged and signed below.

I, as parent or legal guardian, have read and accept all the conditions set forth on this application.

Signed: _____ Date: _____

Membership Level			Start Date:
<input type="checkbox"/> \$25 White (2 week trial)	<input type="checkbox"/> \$540 Blue (10 & under)	<input type="checkbox"/> \$570 Gold (11 & up)	<input type="checkbox"/> \$500 Varsity/Modified (circle)
<input type="checkbox"/> -\$100 Additional Child Credit (registration by 11/1/09)		<input type="checkbox"/> Payment Plan (see web site for installment amounts) Payment plan dues must be paid in full by January 1, 2010	
Amount Paid: \$	Check #:	Account #:	

Note: Dues include USA Swimming Registration Fee (\$56)

Please make checks payable to: Victor Swim Club, Inc.



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Emergency Medical Information Form 2009-2010 Season

This form MUST be completed and submitted with each swimmers Application and Registration form.			
Swimmer's Last/First Name:	Birth Date:	Gender M/F:	Age:
Primary Parent or Guardian Emergency contact			
Father's Name:		Cell/Office/home #:	
Mother's Name:		Cell/Office/home #:	
Secondary Contact if parent or guardian not available			
Name:		Relationship:	
Telephone Number:			
Has your child had any serious illness, injury, or operations? If yes, please provide date and explanation.			
Will/does your child take any medication? If yes, please indicate types and effects on child.			
Does your child have a physical or mental disability which the coaches need to be aware of for instruction or emergency purposes? If yes, please explain.			

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant and/or parent/guardian hereby agrees to participate in the Victor Swim Club Lesson Program and hereby agrees to indemnify and hold harmless the Victor Swim Club, Inc., its coaches, officers, directors, agents, and employees against any and all liability resulting from any injury that may occur to the participant while participating in the Victor Swim Club Lesson program. The participant and/or parent/guardian also agrees to indemnify the Victor Swim Club, Inc. for any damages incurred arising from any claims, demand, action, or cause of action by the participant.

The participant and/or parent/guardian authorize any representative of the Victor Swim Club, Inc. to have the participant treated in any emergency during their participation in the Victor Swim Club Lesson Program. Further, the participant and/or parent/guardian agrees to pay all costs associated with the medical care and transportation for the participant.

I have noted on this form and medical/health problems of which the staff/coaches should be aware of.

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

Signed: _____

Date: _____

Participant/Parent/Guardian