

# DES PLAINES RIVER RACERS SWIM TEAM

## Registration/Release Form

Please fill out the following information COMPLETELY. Please PRINT using BLACK or BLUE ink. Optional information is labeled with an asterisk (\*). All other lines MUST be filled out. Please read all sections carefully and complete both sides. Registration will not be processed without this form along with proper payment.

### PARTICIPANT INFORMATION

USA Swimming membership registrations will be processed from the information provided below. No need to fill out a USA Swimming application.

FULL NAME \_\_\_\_\_  
LAST FIRST MIDDLE

\*PREFERRED NAME (NICKNAME) \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX: MALE FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ \*CELL PHONE: ( ) \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

\*SWIMMER'S EMAIL ADDRESS \_\_\_\_\_

PROGRAM CHOICE (Leave blank if unknown) \_\_\_ VARSITY \_\_\_ JUNIOR VARSITY \_\_\_ JV LITE \_\_\_ JR. RACER – BEGINNER

HIGH SCHOOL TEAM Y OR N IF YES, TEAM \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

SUMMER SWIM TEAM Y OR N IF YES, TEAM \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

USA SWIM TEAM Y OR N IF YES, TEAM \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

Swimmers who have swam for another USA Swimming team will need to complete a transfer of membership and pay a transfer fee of \$10 to USA Swimming. Please contact the coaching staff for further details and how to complete this process.

\*ETHNICITY Check all that apply: \_\_\_ African American \_\_\_ Asian Pacific Islander \_\_\_ Caucasian/White  
\_\_\_ Hispanic \_\_\_ Native American Other: \_\_\_\_\_

DISABILITY Check all that apply: \_\_\_ Visual/Blindness \_\_\_ Deaf/Hard Hearing \_\_\_ Physical Disability  
\_\_\_ Cognitive Disability Other: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S DAYTIME PHONE \_\_\_\_\_

MOTHER'S DAYTIME # \_\_\_\_\_

FATHER'S EVENING PHONE \_\_\_\_\_

MOTHER'S EVENING # \_\_\_\_\_

FATHER'S CELL PHONE \_\_\_\_\_

MOTHER'S CELL # \_\_\_\_\_

FATHER'S EMAIL \_\_\_\_\_

MOTHER EMAIL \_\_\_\_\_

WHO HAS CUSTODIAL RIGHTS FOR THE SWIMMER? Please circle all that apply.

MOTHER & FATHER

MOTHER ONLY

FATHER ONLY

OTHER \_\_\_\_\_

IS THERE A COURT-ORDER OF RESTRICTION AGAINST ANYONE THAT WE SHOULD BE AWARE OF? Y or N

A yes to the above question requires the court paperwork to be kept on file with the Club. We cannot restrict anyone from contact without appropriate paperwork.

### EMERGENCY CONTACTS

In the event of an emergency and the parents/legal guardians are not available, the following can be contacted regarding the welfare of a swimmer.

CONTACT #1 NAME \_\_\_\_\_

CONTACT #2 NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

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### DIRECTORY INFORMATION

Check the appropriate box below regarding if you would like to have your Name, address, phone number, and email address published in our team Directory. The list will be helpful for team activities, carpool, meets, etc. The list will not be given to any outside organization and will be meant for internal use only!

\_\_\_\_ I DO want to be part of the Directory:

\_\_\_\_ I DO NOT want to be part of the Directory

### ARE THERE ANY HEALTH OR LEARNING FACTORS WHICH THE COACHING STAFF SHOULD BE AWARE OF? Y or N

(Eye sight, hearing ability, behavior, individual habits, etc.).

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### ARE THERE ANY PHYSICAL LIMITATIONS THAT MAY AFFECT A SWIMMER'S NORMAL SWIMMING ROUTINE? Y or N

(Includes allergies, physical limitations, disability, medication, etc.).

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### WILL YOUR SWIMMER REQUIRE ANY SPECIAL ACCOMODATIONS IN ORDER TO PARTICIPATE IN THIS PROGRAM? Y or N

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### WILL THE SWIMMER REQUIRE MEDICATION DURING THIS PROGRAM? Y or N

Please list the medications required below. Any medication that are taken during the program, MUST be labeled and have specific directions provided to the coaching staff to include doses, when needed, how to store, any side effects, etc..

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### DO YOU PERMIT THE SWIMMER TO GO HOME ON HIS/HER OWN AFTER A TEAM ACTIVITY? Y or N

Mark "Y" if you permit your swimmer to drive a car to/and from practice, take rides home with another swimmer or parent, Those with an N will be required to wait at Maine West until a parent/guardian has picked up.

### PLEASE LIST ANY OTHER EXTRA ACTIVITIES THAT MAY CONFLICT WITH THE TEAM AND PRACTICE SCHEDULE

This list should include any other sport (school related, or non-school related), after school activity, religious education, jobs, etc.

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### PAYMENT INFORMATION

One (1) swimmer per form please.

1. Team Registration Fee + \_\_\_\_\_

Jr Racers= \$95 Varsity/JV = \$190  
Var/JV Lite= \$115

2. ISI/USA Swimming Fee + \$60 \_\_\_\_\_

3. River Racer Activity Fee + \_\_\_\_\_

Jr Racer = \$15 Varsity/JV = \$30

TOTAL FEE: = \_\_\_\_\_

### Make checks payable to DES PLAINES SWIMMING

Make Registration payments online at [www.desplainesswimming.org](http://www.desplainesswimming.org)

### AUTHORIZATION

Be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program. As a participant in this program, you recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of injuries, damages, or loss which you may sustain as a result of participating in any and all activities with or associated with such programs. You agree to waive and relinquish all claims that you may have as a result of participating in the program against Des Plaines Swimming, NFP, Maine Township High School District 207, and any of its officers, agents, and servants and employees.

I do hereby release and discharge Des Plaines Swimming, NFP and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my participation in the programs. I further agree to indemnify and hold harmless and defend Des Plaines Swimming, NFP, and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of , connected with, or in any way associated with the activities of the program. I have read and fully understand the above Program Detail and Wavier and Release of all Claims. This wavier must be signed by the participant or the legal guardian. Facsimile signatures will considered original by Des Plaines Swimming, NFP.

I agree that it is the swimmers', their parents/guardians', or designated representatives responsibility to provide transportation to, from and during any program of the Des Plaines Swimming and that any transportation provided by representatives of Des Plaines Swimming NFP. is not being provided on behalf of Des Plaines Swimming NFP., and is strictly voluntary on the part of the person providing that transportation.

I understand that all forms and policies read constitute a legally binding contract.

\_\_\_\_\_  
SWIMMER'S SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

REVISED AUGUST 2008