

# 2010 Cedar Park Typhoons Registration Form

## FAMILY INFORMATION

Parents Name: \_\_\_\_\_

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

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

Phone Numbers: HOME \_\_\_\_\_ CELL \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ PHONE \_\_\_\_\_

## SWIMMER INFORMATION

name	m/f	birthdate	shirt size	list any health concerns

Shirt sizes: Adult (S, M, L, XL, 2XL, 3XL) Youth (XS, S, M, L, XL)

## INSURANCE INFORMATION

Insurance Carrier \_\_\_\_\_ Phone # \_\_\_\_\_ Member Name/ID/Goup# \_\_\_\_\_

## MEDICAL RELEASE WAIVER

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the Cedar Park Typhoons Swim Team to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge any Cedar Park Typhoons Swim Team and all associated supervisors, coaches or other team administrators from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Cedar Park Typhoons Swim Team activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my child(ren) is (are) physically fit and capable of participation in all Swim Team activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## LIABILITY WAIVER

By registering my child(ren) with the Cedar Park Typhoons Swim Team, I agree to participate (or allow my child(ren) and family members to participate) in the Cedar Park Typhoons Swim Team, and hereby release Cedar Park Typhoons Swim Team, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the Cedar Park Typhoons Swim Team program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the Cedar Park Typhoons Swim Team program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO/VIDEO RELEASE

I hereby give my permission to the Cedar Park Typhoons Swim Team to use any photographs and videotape material of my child taken during the 2010 swim season.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## REGISTRATION FEES

first swimmer	\$145		\$145	OFFICE USE ONLY Date Amount \$ Check # Cash \$ Verified by Names Notes
additional swimmer(s)	\$125	x	\$	
team spirit store - t-shirts	\$10	x	\$	
team spirit store - t-shirts (2xl & up)	\$12	x	\$	
team spirit store - silicone swim cap	\$12	x	\$	
team spirit store - latex swim cap	\$5	x	\$	
team spirit store - car decal	\$10	x	\$	
TOTAL AMOUNT			\$	

Registration fees are non-refundable in the event that a swimmer withdraws from the team. Please make all checks payable to the Cedar Park Typhoons.

I understand that the Cedar Park Typhoon Swim Team's success depends on mandatory parental volunteers, and that we **must** volunteer at each swim meet in order for our child(ren) to participate.

Signature \_\_\_\_\_ Date \_\_\_\_\_