

# 2010 Sharks Swim Team

## REGISTRATION FORMS CHECK LIST

Swimmer: \_\_\_\_\_

### \_\_\_\_\_ **Registration Form**

\_\_\_\_\_ signed by both parents

\_\_\_\_\_ check # \_\_\_\_\_ for \$ \_\_\_\_\_ (total)

\_\_\_\_\_ cap

\_\_\_\_\_ registration

### \_\_\_\_\_ **Volunteer Form**

\_\_\_\_\_ volunteer deposit check (returned at season end)

### \_\_\_\_\_ **Pool Liability Waiver**

\_\_\_\_\_ signed by both parents

### \_\_\_\_\_ **League Insurance Form**

\_\_\_\_\_ signed by a parent

2 copies

carbon

need copy

# 2010 SMOKY HILL SHARKS SWIM TEAM REGISTRATION FORM

(ONE APPLICATION PER CHILD - PLEASE PRINT)

**APPLICATIONS NOT FULLY SIGNED (2 signatures) & ACCOMPANIED BY FULL PAYMENT MUST BE RETURNED AND YOUR CHILD CANNOT BE PLACED ON THE TEAM - SORRY, NO EXCEPTIONS!**

Child's Last Name	First	Middle Initial	Date of Birth	Age as of 06/01/10
Parent's Name (First & Last)		Email Address		Day Phone Number
Address, City & Zip Code				Evening Phone Number
Subdivision Name (Smoky Hill 400?)				Siblings? (Y/N)
Parent's Name (First & Last)		Email Address		Day Phone Number
Address, City & Zip Code				Evening Phone Number
Emergency Contact		Phone Number		Relationship
Referred by		Any Medical Conditions?		

**Registration Fees:** **\$10 off each swimmer if registered before May 1<sup>st</sup>**  
RESIDENT of Smoky Hill Metro District: First Swimmer in Family \$150.00; \$125.00 each additional swimmer  
NON-RESIDENT of Smoky Hill Metro District: First Swimmer in Family \$160.00; \$135.00 each additional swimmer

**NOTE:** Registration Fee includes an insurance fee from Mountain Hi Swim League, a fee from Smoky Hill Metro District, and Smoky Hill Sharks processing fee. All requests for a refund will **exclude** these fees. Any request for a refund must be submitted in writing to a SHS Board of Director by 8:00pm on Monday, June 7, 2010

**UNCONDITIONAL RELEASE OF LIABILITY**

For and in consideration of acceptance of the registration for participation in the Mountain Hi Swim League (MHSL) as a member of the Smoky Hill Sharks Swim Team (SHS) I/we, as parent(s) or legal guardian(s) of the registrant do hereby assume all risk associated with such participation, including transportation. I/We certify that the registrant has passed a recent physical examination and hereby release all claim of liability against and agree to hold harmless and indemnify the Smoky Hill Sharks Swim Team, their directors, officers, coaches, volunteers, sponsors and all other participants in case of any injury to my/our child resulting from participating in activities as a Smoky Hill Shark, whether the result of negligence or any other cause, except to the extent covered by accident and/or liability insurance carried by the family and the MHSL. My/our consent for participation acknowledges my/our responsibility for and ability to meet the MHSL insurance deductible, if a claim becomes necessary. Furthermore, I/we understand that injuries may and do occur in youth swimming. I/We also understand that the pool and the adjacent surrounding areas may cause injuries, and that the Smoky Hill Sharks and MHSL, while exercising the utmost care and caution relating to these areas at all times, SHS and MHSL cannot control all the conditions of the pool or the immediate surrounding areas. In case of emergency, if the parent(s) or guardian(s) cannot be reached, I/we hereby authorize the above registrant to be treated by any physician available.

I/we agree to adhere to all SHS and MHSL rules and regulations for the sport for which I/we am/are registering. I/We release, acquit, and forever discharge the MHSL and the SHS from any liability associated with the enforcement of league policies and rules. I/We also certify that all personal information in this registration is factual and accurate.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SMOKY HILL METROPOLITAN DISTRICT ATHLETIC OR SPORTS  
PARTICIPATION ASSUMPTION OF RISK, RELEASE,  
WAIVER AND INDEMNIFICATION  
FOR Smoky Hill Sharks Swim Team**

I, \_\_\_\_\_, for myself, or as parent or legal guardian of \_\_\_\_\_, having registered myself, or my child, for participation on the Smoky Hill Sharks Swim Team, and having been fully informed of the nature of the activity or sport and the risks inherent in participating in such activity or sport, state that I understand such activity or sport involves exercise or physical exertion of varying degrees of difficulty, which may be strenuous, and taxing both physically and mentally. I further understand that by participating in this activity or sport, I or my child, runs the risk of physical injury or illness, both internal and external, temporary and permanent, from such activity or from use of the facilities in any manner and may run the risk of developing mental stress.

Fully understanding these risks, **I agree to assume all such risks of injury or illness to me or my child**, reasonable or otherwise, which may result from such participation in the physical activity or sport or use of the facilities owned by the Smoky Hill Metropolitan District. I hereby fully release the Smoky Hill Metropolitan District, its agents, servants, officers and employees from, and hereby knowingly waive all claims for injury or illness, (including death) or damage sustained by me or my child, which may result directly or indirectly from participation in the subject physical activity or sport, named above.

**I further expressly agree to indemnify, defend and hold harmless the District, its agents, servants, officers and employees and each of them** against any and all claims and liabilities, including reasonable attorneys' fees, from and against any and all claims for injuries or illnesses to me or my child or any and all other persons, arising from my participation or the participation of my child in the subject physical activity or sport, or, use of such facilities in any manner. This full indemnification extends as well, to any claims raised by my child through any adult acting as "best friend," guardian or in any other legal capacity on behalf of such child.

**I hereby warrant that I have read the foregoing, that I fully understand same** and knowingly and willingly agree to all such terms, and acknowledge such terms are contractual in nature and further acknowledge and warrant that I have legal authority to execute this document on my behalf or on behalf of my children and fully bind myself, my children, my heirs and legal representatives, to all terms hereof, to the fullest extent possible under the laws of the State of Colorado, and that this Assumption of Risk, Release, Waiver and Indemnification shall be liberally construed in favor of the District, its agents, servants, officers and employees.

**IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT, DO NOT SIGN IT!**

The foregoing Assumption of Risk, Release, Waiver and Indemnification was read, understood and agreed to, by the undersigned this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

By: \_\_\_\_\_  
Participant, Parent or Guardian

By: \_\_\_\_\_  
Parent or Guardian

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

**(If Participant is a child, signature of both parents is required.)**

# SMOKY HILL SHARKS SWIM TEAM VOLUNTEER AGREEMENT FORM

The Swim Team exists only because of Volunteers. With assistance, the team will have a successful and enjoyable season. **All swimmer families are required to provide volunteer assistance at every swim meet, whether away or at home.** The meets are approximately six (6) hours long and each volunteer assignment is a three (3) hour shift (2 shifts per meet, switching at event 49). Please indicate the areas where you will volunteer service by numbering the choices, with 1 being your most preferred area. We are always looking for individuals who would be willing to manage any of these areas; if you would be interested in helping us out in this capacity, please write "CHAIR" on the line. Thank you!

Parent #1      Parent #2

SET-UP/BREAKDOWN - Home Meets Only

Help set-up (at 5:45 am) for home swim meets and then breakdown equipment at the end of the meet. Snack & Coffee provided!

TIMING

3 timers are required at each team lane per event, plus 2 backup. No training needed

HEATING

Heating area assistants are required at all times to help the Clerk of Course organize the swimmers and get them to the starting block on time.

RUNNERS

Runner is required each shift to distribute and pick up event cards.

SCORING/COMPUTER DESK

Data entry workers score the meet and verify the results. Must be able to count!

RIBBONS

Ribbon organizers are required for the later shift to assist with labeling filing ribbons.

CONCESSIONS - Home Meets Only

Concession assistants help sell food and drinks (giant bake sale!).

STROKE & TURN JUDGES/ADVISOR/SCRIBE

Stroke & Turn Judges are required at each shift to document swimmer rule violations. Judges must be certified by the league.

Stroke & Turn Advisors notify swimmers of their disqualification and the reason.

Stroke & Turn Scribe notes the DQs for the Meet Ref and coaches.

END OF YEAR PARTY COORDINATOR

Coordinates the EOY Party, including refreshments, supplies, etc.

Swimmer Name(s) \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ PM Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ AM Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address parent #1 \_\_\_\_\_

E-mail address parent #2 \_\_\_\_\_

**Preliminary League Swim Meets are on July 12<sup>th</sup> & 13<sup>th</sup>**

My family will be able to provide one or more volunteers for these meets:

YES

NO

## SMOKY HILL SHARKS SWIM TEAM VOLUNTEER AGREEMENT

Volunteers are necessary to help run the swim team. Without the active participation of parents, it is not possible to have any meets. Each family is required to volunteer at each and every meet regardless of it being at home or away.

At the start of the season, you will be given your family's "Shift Assignments" for the season. If you cannot cover the shifts that have been assigned to you, YOU are responsible to find a replacement volunteer AND let the volunteer coordinator know of your replacement. By knowing your shift assignments before the season begins, you will have plenty of time to make arrangements to cover meets you will miss. We will provide a team phone list and are willing to make suggestions/recommendations. We are unable to accept requests for vacations or other commitments, since to accommodate these requests delays getting the schedule out to everyone in a timely manner.

Five years ago we have adopted a policy used by several teams in our league. At registration, each family makes an initial deposit against their volunteer hours. As you volunteer throughout the season, you earn back the deposit. The \$100 volunteer deposit is divided amongst the five dual meets at \$20 per meet. If you miss an assignment and fail to provide a substitute, your check is cashed and the net will be returned at the end of the season.

We know that only one volunteer shift per meet per family is not sufficient to run the team. Everyone is encouraged to pitch in and help when the need arises, even if you already met your assigned shift.

Since we are keeping track, it is critical that you check in with the volunteer coordinator at each meet. This will minimize the chance of you not being credited for your effort. This is especially important when you have a substitute volunteer working in your shift assignment.

I have read the volunteer requirements and understand that my family will be assigned volunteer shifts for each and every meet.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**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	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, administrators, 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)  
 League Copy – White

Swim Team Copy – Yellow