

# Rollingwood Waves Registration Form

**You must be a member in good standing of WHAC to register your child.**

**Note: You must sign up for 4 volunteer commitments to register so bring your calendar!**

Please Print Clearly.

Parent's Names: \_\_\_\_\_

Swimmer's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mom's Phone: \_\_\_\_\_ Dad's Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Swimmer Information\*

Swimmer's Date of Age on Registration

	Last Name	First Name	M.I.	M/F	Date of Birth	Fee
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

Late fee (if applicable) \_\_\_\_\_

\$120 for the first swimmer

\$ 75 for each additional swimmer

\$ 65 for swimmers in the 15 – 17 age group

\$ 25 late fee on registrations received after May 5<sup>th</sup>

**Total** \_\_\_\_\_

• Registration fees are not refundable after Friday, May 14<sup>th</sup>.

\*Child must be able to swim the length of the pool. If your child needs a jumpstart on swim team, check out lessons at the RW Pool through Weiss and Weiss Aquatics.

\*\*With your paid registration, your swimmer will receive a spirited team T-shirt designed by a Rollingwood Waves team member.

Successful swim meets are the result of many parents volunteering their time and efforts. Each family is required to volunteer for four volunteer commitments during the swim season (except Stroke Judges, who must work 3 meets). You are required to fulfill your volunteer commitment even if your child chooses not to swim in the meets.

**Waiver/Release of Liability & Assumption of Risk**  
**Please read carefully before signing.**  
**This is a release of liability and waiver of certain legal rights.**

I, \_\_\_\_\_, the parent/guardian of the participant minor child/children agree and understand that swimming is a HAZARDOUS activity. I recognize that:

**1.** There are risks inherent in the sport of swimming, including, but not limited to, paralyzing injuries and death; and

**2.** I UNDERSTAND THAT THE PARTICIPANT MAY SUFFER SUCH INJURIES FROM PARTICIPATING IN THE PROGRAM AND THAT I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF WESTERN HILLS ATHLETIC CLUB, and assume full responsibility for my, and the participant's, participation; and,

**3.** I willingly agree to comply with all of the rules and regulations established by the Austin Hills Swim League and the Western Hills Athletic Club; and,

**4.** I, for myself and the participant, and on behalf of our heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE and HOLD HARMLESS the Western Hills Athletic Club, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of any premises used to conduct swim events ("Releasees"), WITH RESPECT TO ANY CLAIMS, LOSSES LIABILITIES OR COURSE OF ACTION FOR INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE WESTERN HILLS ATHLETIC CLUB OR OTHERWISE. I, for myself and the participant, also agree to indemnify Western Hills Athletic Club for any damages incurred arising from any claims, demand, action, or cause of action by myself or the participant.

I, for myself and the participant, authorize any representative of the Western Hills Athletic Club to have the participant treated in any medical emergency during the participant's participation in Austin Hills Swim League events. Further, I, for myself and the participant, agree to pay all costs associated with medical care and transportation for the participant.

**I have noted on the back of this form any medical/health problems of which the Western Hills Athletic Club staff should be aware.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, CERTIFY THAT I AM THE PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE PARTICIPANT CHILD/CHILDREN, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT ON MY BEHALF OR ON BEHALF OF THE PARTICIPANT MINOR CHILD/CHILDREN.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Participants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian's Medical Consent

In the event that any child of mine (listed below as "swimmer(s)") becomes ill or is injured while present at any league or team-sponsored activity, I hereby authorize any team coach or team or league representative to take any action necessary to obtain medical treatment for the child. I further authorize any doctor to perform any medical procedure or operation that the doctor deems advisable in attempting to alleviate the child's injury or illness. If I have listed below a doctor and/or hospital and/or minor emergency clinic, then I request that a reasonable attempt be made to use such doctor and/or facility. Nevertheless, I recognize that the use of another doctor and/or facility may be deemed more appropriate by the person(s) obtaining medical treatment for my child and I hereby authorize such use.

PARENT'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Preferred Hospital and/or Minor Emergency Clinic: \_\_\_\_\_