

# BridgeMill Swim Team Registration 2019

Swimmer's Name	DOB	Age as of June 1 <sup>st</sup>	Sex	T- shirt Size
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical Concerns \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Fees:            \$129 one child            \$179 two children            \$205 three children  
 \$30 each additional child    **(NO Additions to the team after May 27, 2019)**

**Refund/Cancellation Policy**

Refunds will be given up through May 31, 2019. All refunds must be in writing to BridgeMill Athletic Club.

**Method of Payment/Amount**

Cash Amount \_\_\_\_\_

Check Amount \_\_\_\_\_                      Check Number \_\_\_\_\_

Amount Charged \_\_\_\_\_                      Member Account \_\_\_\_\_

**Waiver and Release**

\_\_\_\_\_ has/have my permission to participate in the activities of the BridgeMill Summer League Swim Team. I acknowledge and understand that there may be a risk of serious injury, including permanent disability and/or death, resulting from the action of the participants, the actions and in-actions of others, and/or equipment used. By allowing my swimmer(s) to participate, I knowingly assume all such risks, and I release, waive, discharge, and covenant not to sue the BridgeMill Athletic Club and their respective officers, directors, volunteers, coaches, and Management Company for any and all liabilities, claims, demands, losses, or damages of any kind arising that injury the swimmer(s) or damage to the property incurred while on the premises, or while participating in the activities of the BridgeMill Summer League Swim Team. I hereby give my permission to the BridgeMill Summer Swim Team and its representatives to obtain emergency medical treatment for the swimmer(s) if I am unavailable for consultation at the time such treatment is necessary.

Parent/Guardian of Swimmer(s) \_\_\_\_\_ Date \_\_\_\_\_