

MHSL

Highlands Ranch Recreation Center Emergency Medical Information And Release Form

We the undersigned, parent of legal guardian of _____
age _____, **birth date** ____/____/____, hereby give our permission for the minor child to participate in swimming classes sponsored by the Highlands Ranch Community Association ("Association") by the Highlands Ranch Recreation Center ("Center").

We, the parents/guardian of the minor child, agree to hold harmless and indemnify the Association, and its respective officers, employees, agents, assigns, and volunteers from and against all loss, liability, damage and claims of injury to the minor arising out of, or in any way related to, the above activity or the use of any facility involved.

In any event of an injury, we do hereby consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the supervision of any licensed physician, surgeon, paramedic, or emergency medical technician.

PLEASE PRINT CLEARLY:

Parents Name(s): _____

Home #: _____ **Cell #:** _____

Parents e-mail: _____

Home address: _____

DATED this _____ day of _____, 20_____.

Signature of parent or legal guardian

IF NOT AVAILABLE IN AN EMERGENCY PLEASE NOTIFY:

Name: _____ **Home #:** _____

Relationship to child: _____ **Cell #:** _____

1. Has child had any serious illness, injury or operation? If yes explain and give dates.

2. Will child be taking any medication? If yes, indicate types and effect on child.

3. Does child have a physical or mental disabilities about which the coaches should be aware?

**MHSL Highlands Ranch Seahawks
2011 VOLUNTEER ACTIVITY SELECTION FORM**

Swimming is a sport that requires involvement from all families. Summer Swim Team is strongly supported by its parent volunteers. That is why we require that each family volunteer for swim meets that their children are swimming at (you may or may not be needed to volunteer at away meets). In your registration packet you will find a description of what each position requires; read through this and decide what best fits your needs. If you have a conflict/time constraint with the number of meets that you are required to volunteer there is an option to buy out of the season. You can pay \$200 CASH at Registration and will be exempt from volunteering for the entire season. If you are scheduled for a volunteer shift and do not show up for find a sub you will be charged \$50 and your child will not be able to swim in the next meet until the fee has been paid.

You will receive an entire season volunteer assignment via e-mail prior to the first meet of the season. We will do our best to make sure each family is assigned an equal amount of volunteer duties, as well as 1st and 2nd shift opportunities. Please note that this is a request for your ideal shift(s). We will do our best to accommodate these requests, but the schedule will ultimately depend on available shifts. Please be flexible! If there is a specific reason you must perform a particular shift (i.e. concessions to stay out of the sun), please indicate that on this form! Thank you again for your support!

Swimmer: _____ **Parent(s):** _____

Phone (H): _____ **(C.)** _____

E-mail: _____

Select 3 choices at each meet in order of preference, you cannot be a timer for more than 2 meets per season

May 28th Practice meet		July 9th	
<input type="checkbox"/> Timer	<input type="checkbox"/> Starter/Referee	<input type="checkbox"/> Timer	<input type="checkbox"/> Starter/Referee
<input type="checkbox"/> Runner	<input type="checkbox"/> Pool Set up/Down	<input type="checkbox"/> Runner	<input type="checkbox"/> Pool Set up/Down
<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Stroke/Turn Judge	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Stroke/Turn Judge
<input type="checkbox"/> Scoring Table	<input type="checkbox"/> Concessions	<input type="checkbox"/> Scoring Table	<input type="checkbox"/> Concessions
<input type="checkbox"/> Announcer	<input type="checkbox"/> NOT ATTENDING	<input type="checkbox"/> Announcer	<input type="checkbox"/> NOT ATTENDING
June 4th		Prelims July 11-13 Age group: _____	
<input type="checkbox"/> Timer	<input type="checkbox"/> Starter/Referee	<input type="checkbox"/> Timer	<input type="checkbox"/> Starter/Referee
<input type="checkbox"/> Runner	<input type="checkbox"/> Pool Set up/Down	<input type="checkbox"/> Runner	<input type="checkbox"/> Pool Set up/Down
<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Stroke/Turn Judge	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Stroke/Turn Judge
<input type="checkbox"/> Scoring Table	<input type="checkbox"/> Concessions	<input type="checkbox"/> Scoring Table	<input type="checkbox"/> Concessions
<input type="checkbox"/> Announcer	<input type="checkbox"/> NOT ATTENDING	<input type="checkbox"/> Announcer	<input type="checkbox"/> NOT ATTENDING
June 11th		Championships July 16th	
<input type="checkbox"/> Timer	<input type="checkbox"/> Starter/Referee	<input type="checkbox"/> Timer	<input type="checkbox"/> Starter/Referee
<input type="checkbox"/> Runner	<input type="checkbox"/> Pool Set up/Down	<input type="checkbox"/> Runner	<input type="checkbox"/> Pool Set up/Down
<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Stroke/Turn Judge	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Stroke/Turn Judge
<input type="checkbox"/> Scoring Table	<input type="checkbox"/> Concessions	<input type="checkbox"/> Scoring Table	<input type="checkbox"/> Concessions
<input type="checkbox"/> Announcer	<input type="checkbox"/> NOT ATTENDING	<input type="checkbox"/> Announcer	<input type="checkbox"/> NOT ATTENDING
June 18th		All-Stars July 23rd	
<input type="checkbox"/> Timer	<input type="checkbox"/> Starter/Referee	<input type="checkbox"/> Timer	<input type="checkbox"/> Starter/Referee
<input type="checkbox"/> Runner	<input type="checkbox"/> Pool Set up/Down	<input type="checkbox"/> Runner	<input type="checkbox"/> Pool Set up/Down
<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Stroke/Turn Judge	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Stroke/Turn Judge
<input type="checkbox"/> Scoring Table	<input type="checkbox"/> Concessions	<input type="checkbox"/> Scoring Table	<input type="checkbox"/> Concessions
<input type="checkbox"/> Announcer	<input type="checkbox"/> NOT ATTENDING	<input type="checkbox"/> Announcer	<input type="checkbox"/> NOT ATTENDING
June 25th		State July 29-31 Age group: _____	
<input type="checkbox"/> Timer	<input type="checkbox"/> Starter/Referee	<input type="checkbox"/> Timer	<input type="checkbox"/> Starter/Referee
<input type="checkbox"/> Runner	<input type="checkbox"/> Pool Set up/Down	<input type="checkbox"/> Runner	<input type="checkbox"/> Pool Set up/Down
<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Stroke/Turn Judge	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Stroke/Turn Judge
<input type="checkbox"/> Scoring Table	<input type="checkbox"/> Concessions	<input type="checkbox"/> Scoring Table	<input type="checkbox"/> Concessions
<input type="checkbox"/> Announcer	<input type="checkbox"/> NOT ATTENDING	<input type="checkbox"/> Announcer	<input type="checkbox"/> NOT ATTENDING

[]
\$200 - NO
Volunteer
Fee. CASH
ONLY. For
entire
summer
Please
make
checks
payable to
CASH and
give to
Kimsey at
registration

**Mountain Hi Swim League
2011 Registration and Insurance Form
(Please Print Clearly)**

Team Name: _____ Date: _____

Swimmer's Legal Name			Gender		Age By	Birth Date			Team Fees
Last Name	Legal First Name	M.I.	M	F	6/1/2011	MM	DD	YY	

(Note: If a swimmer does not have a middle initial, please put 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, Highlands Ranch Seahawks [Swim Team Name] to participate in it's 2011 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 was, 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 2011 swim season.

I, the undersigned, have read this release and understand all it's 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