<u>NEWTON PARKS AND RECREATION DEPARTMENT</u> 2012 SPRING SWIM TEAM REGISTRATION FORM

Swimmer's Name:	<i>DOB</i>
Swimmer's Name:	<i>DOB</i>
Swimmer's Name:	DOB
Swimmer's Name:	DOB
Street City	Zip
PHONE:	
CELL:	
E-MAIL:	
Parental Consent Release from Liabilit participation in the P & R Swim Team	
I/We, the undersigned father and mother, a mi	
his/her participation in, the Newton Parks Department and Newton Swim Team prog RELEASE, acquit, discharge and covenant of Newton, a municipal corporation of the Massachusetts and its successors, departm servants and agent, of and from any and all claims, demands, damages, cost, loss of set	and Recreation gram. I/We forever at to hold harmless the City commonwealth of nents, officers, employees, ll actions, caused of action,

compensation on account of, or in way out of, directly or indirectly,

all known and unknown personal injuries or property damages which

I/We may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her

participation in the Swim Team Program. FURTHERMORE, I/We hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of, or resulting from, injury to said minor in connection with his/her participation in the Swim Team Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in the Swim Team Program.

Signature of Parent or Guardian:

_Date____

THIS FORM MAY NOT BE ALTERED

Please list any medical problems that your son/daughter may have that the Coaches or the Newton Parks and Recreation Department should be aware of:

This form must be **fully** completed and signed before your child can participate in the swim team program.

If you are a new member, have you been a member of any other swim team? If so, name of team and length of membership.

Pictures may be posted on the team website only. If you agree to have your swimmer's pictures posted, please sign below.

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This program is <u>not</u> a learn-to-swim program and is for Newton residents only.

Age is based on swimmer's birth date as of 03/01/12.

*Coaches reserve the right to adjust practice times due to numbers in each session as well as choose what session the swimmer will benefit from the program the most.

6:30 – 7:15 p.m.
7:15 – 8:00 p.m.
8:00 – 9:00 p.m.
6:30 – 7:15 p.m.
7:15 – 9:00 p.m.

Mondays – March 28, April 4, April 11, April 25, May 2, May 9 Wednesdays – March 30, April 6, April 13, April 27, May 4, May 11

9 & 10 – Tuesday	6:30 –8:00 p.m.
<u>9 & 10 – Thursday</u>	6:30 –7:30 p.m.
<u>13 & older – Thursday</u>	7:30 – 9:00 p.m.

Tuesdays – March 29, April 5, April 12, April 26, May 3, May 10 Thursdays – March 31, April 7, April 14, April 28, May 5, May 12

APPLICATION DEADLINE IS MARCH 15, 2012

Please return application with appropriate fee by March 15th to Newton Swim Team, C/O Mary & Scott Pohlman, 3 Proctor Street, Newton, MA 02460.

Make check payable to **<u>Newton Swim Team.</u>** "NO REFUNDS"

_____\$75 each child
_____\$40 Program Fee - (If not a member of the
winter 2011/2012 swim team)
\$_____Total payment due