



# River Valley Swim Club (RVSC)

Registration, Medical Information and Waiver Form Fall/Winter 2013-14

Level: \_\_\_\_\_  
(office use only)

Swimmer's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_  
(Please Print) (First) (MI) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ (Name: \_\_\_\_\_) Cell Phone: \_\_\_\_\_ (Name: \_\_\_\_\_)

Email Address: \_\_\_\_\_ This is used for all communications

## Medical Information

Allergies Medications/Food: \_\_\_\_\_

Medications to be taken: \_\_\_\_\_

Other Health Conditions/Concerns: \_\_\_\_\_

Family Doctor/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

If necessary, who should be contacted if parents/guardians are not available?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Waiver Section

In consideration of me or my child's participation on the River Valley Swim Club's swim team:

1. I agree to assume the risk of serious injury incidental to such participation, including permanent disability and death, and severe social and economic losses which might result not only from me or my child's own actions, inactions or negligence by the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for me or my child's personal damages following me or my child's injury, permanent disability or death.
3. On my own or my child's behalf, and on the behalf of me or my child's heirs, executors and administrators, release and forever discharge the released parties defined below of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with me or my child's participation in and/or out of me or my child's travel to, participation in and returning from participation in swim related activities. The released parties are River Valley Swim Club, USA Swim and the officers, directors, employees, Agents, representatives, successors and assigns of each of the foregoing entities.
4. I further authorize any emergency first aid, medication or medical treatment for myself or my child, at my cost, if the need arises.
5. I hereby consent to allow me or my child's name, picture or likeness to appear in any advertising, publicity, or promotional purposes or for any other purposes whatsoever, without compensation, reservations or limitation.

**I, THE UNDERSIGNED, HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY. I HAVE READ THIS RELEASE.**

\_\_\_\_\_  
(Parent or Guardian if participant is under age 18)

\_\_\_\_\_  
(Participant's signature if age 18 or above)

\_\_\_\_\_  
(Date)