



2016 REGISTRATION AND INSURANCE RELEASE FORM

Practices: Monday- Friday 6:30 a.m. - 9:45 a.m.
Practice times to be determined by
our Coaching Staff.

Meets: Tue. and Thu. evenings, and some Saturdays
Please see the 2016 calendar at
www.antiochwaves.org/calendar

A mandatory parents' informational meeting is scheduled on Tuesday, May 31st at 5:30 PM, at the Williams Park Pavilion.

Fees: \$165 (9-and-older) / \$140 (8-and-under before June 1st) per swimmer (payable in a lump sum at registration or two installments of \$82.50/\$70 on 4/23 and 5/31) plus a mandatory \$50 per family commitment for fundraising due on 7/1. Fees include team participation, professional coaching, insurance, t-shirt, swim cap, and awards.

Refunds: If your child drops from this program prior to June 1st, the registration fee less \$50 will be refunded. There will be **NO REFUNDS** given after June 1st unless the coach deems the swimmer is not ready to compete on the team. By initialing here you agree to the team handbook and concussion procedure (found at www.antiochwaves.org/registration), and to the above terms for registration and refunds.

Completed forms and payment can be mailed to: **ANTIOCH SWIM TEAM, INC., P .O. BOX 402, ANTIOCH, IL 60002** -- OR -- attend open registration on April 23, 2016 from 10:00 a.m. - 12:00 p.m. at the Antioch Senior Center located at 817 Holbeck Drive.

Please fill out names and phone numbers below as you would like to be listed on the team roster. An e-mail address is required.

PARENT NAMES:	HOME PHONE:	ALTERNATE PHONE (work/cell):
1.	1.	1.
2.	2.	2.
	E-MAIL ADDRESS:	
	1.	2.
SWIMMERS' ADDRESS:	CITY:	STATE & ZIP CODE:
EMERGENCY CONTACT:	HOME PHONE:	ALTERNATE PHONE (work/cell):
AUTHORIZED SIGNATURE:	TODAY'S DATE:	
SWIMMERS' NAMES:	GENDER BIRTHDATE	FOR AWARD PURPOSES: 1st YEAR WAVES? WHAT YEAR?
1.	M F	Yes No
2.	M F	Yes No
3.	M F	Yes No
4.	M F	Yes No
HEALTH INSURANCE CARRIER:	PHYSICIAN:	PHONE:

Participant specifically assumes all risks of injury arising out of his/her presence on or about the premises, or his/her use or intended use of equipment or facilities, or his/her participation in the activities of the ANTIOCH SWIM TEAM, INC., on or about the premises or at another location and does hereby for himself/herself, his or her heirs, executors and administrators, waive, release and agree to hold free from all claims or damages, the Antioch Swim Team, Inc., and the Village of Antioch, their respective officers, directors, board of managers, trustees, members, employees, or agents.

IN THE EVENT OF ACCIDENT, INJURY, OR SUDDEN ILLNESS I HEREBY AUTHORIZE NEEDED MEDICAL TREATMENT BY A PHYSICIAN AND/OR HOSPITAL.

SIGNATURE of Adult Participant _____ DATE _____
(18 years or older) or Parent Guardian



Antioch Waves Swim Team

PO Box 402
Antioch IL 60002
www.antiochwaves.org

LIST ANY CURRENT INJURIES OR MINOR PHYSICAL LIMITATIONS (BONE OR SOFT TISSUE INJURIES, ALLERGIES, BREATHING DIFFICULTIES, ETC.) OR ANY MEDICAL CONDITIONS THAT THE COACHES SHOULD BE MADE AWARE OF.

PHOTOGRAPH RELEASE:

By initialing here , I hereby give permission to the Antioch Waves Swim Team to use my swimmer's photographic likeness in all forms and media for advertising, trade, public relations, and any other lawful purposes.

T-SHIRTS: (Please fill out below)

NAME OF SWIMMER: _____	T-SHIRT SIZE (CIRCLE ONE):
	YS YM YL AS AM AL AXL
NAME OF SWIMMER: _____	T-SHIRT SIZE (CIRCLE ONE):
	YS YM YL AS AM AL AXL
NAME OF SWIMMER: _____	T-SHIRT SIZE (CIRCLE ONE):
	YS YM YL AS AM AL AXL

OFFICE USE:

FAMILY NAME: _____

NUMBER OF SWIMMERS: _____ **X \$140**

NUMBER OF SWIMMERS: _____ **X \$165**

FEE TOTAL: _____

FAMILY FUNDRAISING COMMITMENT:

\$50

SEASON TOTAL: _____

CHECK ONE:

_____ PAYMENT IN FULL

_____ PAYMENT PLAN

PAYMENT #1 (by 4/23)

PAID: CASH _____ CHECK # _____ AMOUNT PAID _____ DATE PAID _____

PAYMENT #2 (by 5/31)

PAID: CASH _____ CHECK # _____ AMOUNT PAID _____ DATE PAID _____

FUNDRAISER (by 7/1)

PAID: CASH _____ CHECK # _____ AMOUNT PAID _____ DATE PAID _____