



2016 Swim Team Registration Form

Parent/Legal Guardian Names: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____

Emergency Contact Name: _____

Phone: _____ Cell: _____

Additional Comments/Medical Information: _____

Swim Team Fee: \$40.00 per person

Please call the Aquatic Center at (507) 634-7755 for information on Swim Team practice times, meets and registration number AFTER June 9th. Each Swim Team member will be assigned a registered admission number. Members will be required to give that number to the desk attendant when entering the facility for attendance records for practices, meets, etc. Each member will have a picture ID linked to that number for acknowledgement of the individual.

1st Student Name: _____ AGE: _____ M/F: _____

2nd Student Name: _____ AGE: _____ M/F: _____

3rd Student Name: _____ AGE: _____ M/F: _____

4th Student Name: _____ AGE: _____ M/F: _____

5th Student Name: _____ AGE: _____ M/F: _____

Make check payable to: **City of Kasson** **NO REFUNDS!** TOTAL: _____

Please read this form carefully and be aware that in registering your minor child/ward for participation in the programs(s), you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which my child/ward may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the City of Kasson and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by my child/ward, and arising out, connected with, or in any way associated with activities of any of the programs.

Signature of Parent or Legal Guardian: _____ Date: _____