



SOUTH FLORIDA RECREATIONAL *Swim* LEAGUE

## South Florida Recreational Swim League 2011. SWIMMER APPLICATION

Team Name: \_\_\_\_\_ Season: \_\_\_\_\_

Swimmer: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Swimmer E-Mail: \_\_\_\_\_ Swimmer Cell Phone: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Allergies / Medications \_\_\_\_\_ School: \_\_\_\_\_

I certify that the above named swimmer(s) have not participated in a USA meet nor was a registered member of USA Swimming during 2009 or 2010. If so, swimmer(s) are not eligible to compete until the 2011 or 2012 season. Exceptions are limited to High School swimmers coached by USA High School coaches, only during high school season and not thereafter and swimmers joining USA for less than 6 weeks as a trial period without participating in USA swim meet. Returning swimmers need board approval. \_\_\_\_\_ Initial if High School USA Swimmer \_\_\_\_\_ Initial if USA Swimmer for less than 6 weeks

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have reviewed the above information with the swimmer and parent or legal guardian and this swimmer meets the above stated criteria for involvement with SFRSL.

Signature of Head Coach: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Written board approval must be given for ANY swimmer not meeting the above stated criteria.**

In consideration of the acceptance of this team membership, we the undersigned participant and/or Parent/Guardian, intending to be legally bound, do hereby for ourselves, our heirs, executors, administrators and assigns, waive, release and forever discharge and all rights and claims for damages which we or any of us may hereafter have against the South Florida Recreational Swim League and/or its respective coaches, officers, agents representatives, successors and/or assigns, for any and all damages which may be sustained or suffered by me in connection with, or entry in and/or arising out of may traveling to or participating in and returning from training, swim meets, or team functions.

I understand South Florida Recreational Swim League insurance is a secondary insurance covering my swimmer participating in League Functions only. SFRSL insurance may not cover claims at 100%. All proper paperwork must be submitted for coverage to be considered.

I grant permission for pictures of my child to be used in the SFRSL website or other publications.

I understand a charge of \$50.00 will be assessed for any bounced checks made out to SFRSL.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Revision 1/19/10 TP