



# Abington Alligators Swim Team Summer 2019 Registration

Swimmer's First and Last Name	M/F	DOB	Age as of June 1st	( R ) Returning ( N ) New	T' shirt size Adult or Child	

### Parents/Legal Guardians:

Name(s) \_\_\_\_\_ Street Address \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone(1) \_\_\_\_\_ Cell Phone (2) \_\_\_\_\_

### Emergency Contact Information:

(Parents and Guardians will be contacted first)

Name \_\_\_\_\_ Relationship to swimmer \_\_\_\_\_ Phone \_\_\_\_\_

### Registration Fee\*:

- \$80 per swimmer if paid by May 29th
- \$85 per swimmer if paid after May 29th but before June 1st
- \$90 per swimmer if paid after June 1st
- \$75 per Jumper for entire season



Checks payable to "Abington Swim Club" and can be mailed or delivered to Abington Swim Club c/o Flynn's, 165 Coltsgate Drive, Kernersville, NC 27284

PayPal links can be found at <http://www.abingtonpool.com/paypal-links/> (+ 3% service fee)

By registering for the Abington Alligators, you are agreeing to participate in team fundraising activities, volunteering efforts and *certify that your swimmer is of good health capable of following instructions, included on a **family membership**, in good standing for the 2019 swim season* and will abide by the USA Swimming Code of Conduct.

**Liability Waiver:** In consideration of allowing my child to participate in activities organized by the Abington Alligators Swim Team (AAST) and/or the High Point Community Swim Association (HPCSA), I hereby, for my child, myself, my heirs, executors, administrators, and anyone entitled to act on my behalf or on behalf of my child, release and discharge the AAST and HPCSA, plus all sponsors, their representatives, and successors, promoters, managers, directors, officials, agents, employees, and volunteers of said agencies from any and all claims or injury or liabilities of any kind: including but not limited to any illness, injury or damage suffered by my child as a result of participation in or traveling to or from such events.

I am aware that swimming and participation in the activities of the AAST or HPCSA is potentially hazardous, that my child should not enter any AAST or HPCSA event unless he or she is medically able and properly trained, and I, as parent (or guardian), hereby assume all risks in association with participation in AAST and HPCSA events including but not limited to falls, contact with participants, the effects of weather, and any and all other risks known or associated with swimming, all such risks known and appreciated by me.

I hereby certify that my child is in good physical condition/good health, able follow all verbal instructions and to participate in AAST and HPCSA events for the 2019 summer season.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_