



**PARK CITY AQUATIC TEAM**

Park City Aquatic Center  
2465 W. Kilby Road  
Park City, Utah 84098  
(435) 645-5617

**TEAM REGISTRATION FORM**

*September 2009 – August 2010*

**PLEASE PRINT CLEARLY**

Swimmers Name: \_\_\_\_\_  
Last First Middles

Preferred Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Other Contact #: \_\_\_\_\_  
First Last

Mother's Name: \_\_\_\_\_ Other Contact #: \_\_\_\_\_  
First Last

Best E-mail address for team mailings: \_\_\_\_\_

Special Conditions of Swimmer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Administrative Use Only*

Trial Start: \_\_\_\_\_

Trial End: \_\_\_\_\_

Team: \_\_\_\_\_

Group: \_\_\_\_\_

**LIABILITY RESEASE, INDEMNIFICATION & PARENTAL CONSENT AGREEMENT - LIABILITY RELEASE**

In consideration of the above-named swimmers participation on the Park City Aquatics Team and continued participation there on, I herby release and forever discharge the Park City School District Aquatic Center, its coaches, employees, agents, and the School District from any and all damages, risks, hazard, personal injury, claims, causes of action or other liabilities of any kind or nature which might arise as a result of my child's participation in workouts, team activities, swim meets or other activities as a member of the Park City Aquatics Team. This release is intended to release and discharge in advance those named above from all liability based on negligence or carelessness, except that which is the result of gross negligence or intentional tort. I understand that there is some risk or danger of injury involved in these activities and hereby assume those risk, known or unknown to me. Furthermore, I voluntarily, clearly and unequivocally agree to assume those risks, with the realization that I understood and agreed that this waiver, release and assumption of risk is to be binding on myself, my heirs, executors, administrators and assigns.

**PARENTAL INDEMNIFICATION**

I hereby agree to absolve, hold harmless and indemnify the Park City Aquatics Team, its coaches, officers, the Park City School District Aquatic Center, its employees, agents, the School District and its employees from all claim of liability and claims for damages, including personal injury based on negligence or carelessness, except that made by and insurer by way of subrogation of assignment.

**PARENT CONSENT**

I hereby give my consent for my child to participate as a member of the Park City Aquatics Team to participate in workouts, team activities and swim meets. I executed the above liability relapse on behalf of my child and I, our heirs, assign executors and administrators. I execute the parental indemnification on my own behalf. I clearly comprehend all provisions of this agreement.

**CONCENT FOR MEDICAL TREATMENT**

I hereby give my consent to have the above-named swimmer receive emergency medical treatment and to be treated by a physician or surgeon in case of accident of injury while participation in any activity sponsored by the Park City Aquatics Team. I understand that a reasonable effort will be made to contact on of the parents or legal guardians by the telephone numbers listed above and I agree that I will not make any claim on my behalf or on behalf of my child for failure to obtain further consent for the purpose of rendering emergency medical treatment. I further understand that I am responsible for all costs of any emergency medical treatment rendered to my child. IF a personal physician is listed below, a reasonable effort will be mad to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

**Medical Insurance Information**

Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

*I certify that the above named swimmer has received a physical examination within the last year and declared physically fit and able to participate in a swimming training program. I have read and understand the rules and policies of the Park City Aquatics Team and agree to support and abide by them.*

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***READ BEFORE SIGNING***

I have read and understand the forgoing Liability Release, Indemnification and Parental Consent Agreement and hereby agree to all of the terms and conditions there in.

I have also read the attached general team/ parent requirements sheet and understand what our requirements are to participate on the team.

Parent/Guardian Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 2010 USA Swimming Athlete Registration Application

Age Group swimmers must be registered through Utah Swimming to compete in USA Swimming sanctioned meets.

**Complete this form if your child is planning to train and compete with the Park City Aquatic Age Group Team.**

The annual registration fee is \$60.00. Please submit the registration form along with payment to the PCAT coach. When you become a USA swimmer you are eligible for the following:

- Subscription to Splash Magazine – provides news, interviews and profiles of elite athletes, posters, techniques and tips
- Competition and instruction through club programs
- Opportunity to participate in USA Swimming sanctioned meets
- Represent your club at local, state, zone, sectional and national meets
- Opportunity to work with professional, safety-trained swimming coaches
- Eligibility to participate in local and national swimming camps
- Excess accident and liability insurance – covers all USA Swimming sanctioned activities
- Athletes receive certificates of accomplishment by achieving Top 16 times and other age group ranking programs
- Eligibility for Scholastic All-American Program
- Opportunity to qualify to become a member of the U.S. World or Olympic Swim Team

**PLEASE MAKE REGISTRATION CHECK TO:  
PCAC**



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME

PREFERRED NAME, DATE OF BIRTH (MO./DAY/YR.), SEX (M/F), AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT

FATHER/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

AREA CODE, TELEPHONE NO., FAMILY/HOUSEHOLD E-MAIL ADDRESS

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

- DISABILITY: A. Legally Blind or Visually Impaired, B. Deaf or Hard of Hearing, C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment, D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- RACE AND ETHNICITY (You may make up to two choices if appropriate): Q. Black or African American, R. Asian, S. White, T. Hispanic or Latino, U. American Indian & Alaska Native, V. Some Other Race, W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

D7 57

MAIL APPLICATION & PAYMENT TO:

UTAH SWIMMING c/o Todd Etherington P.O. Box 71837 Salt Lake City, Utah 84171

REGISTRATION FEE table: USA Swimming Fee \$46.00, LSC Fee \$14.00, TOTAL DUE \$60.00

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings. Check if you would like to learn more about USA Swimming's community initiatives. Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)