



EDGEWOOD EELS 2010 SWIM TEAM REGISTRATION FORM

SWIMMERS NAME

DATE OF BIRTH

Swim Team Fees	
First Child - \$ 125.00	
Each Additional Child in Family - \$25.00	
First Child	\$ 125.00
Number of Additional Children _____ x \$ 25.00	_____
Total Amount Enclosed	\$ _____
*Gate fees of \$200 per child will apply to all Regular Members and are payable with registration fees.	

MEMBER INFORMATION

Name _____ Level of Membership _____

Address _____

Phone Numbers _____

Email Address _____

PAYMENT OPTIONS

- Check Enclosed Payable to The Edgewood Club
 Master Card Visa American Express Discover

Account Number _____ Expiration Date _____

Signature _____ Date _____



THE EDGEWOOD CLUB
Tradition since 1904

WAIVER/RELEASE OF RESPONSIBILITY

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY
AND WAIVER OF CERTAIN LEGAL RIGHTS.**

I, _____, the parent/guardian of
_____ agree and understand that swimming
is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming,
including but not limited to paralyzing injuries and death.

The participant hereby agrees to participate in the Edgewood Club Swim Team Program and hereby agrees to indemnify and hold harmless The Edgewood Club and The Edgewood Club Swim Team, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in The Edgewood Club Swim Team Program. The participant also agrees to indemnify The Edgewood Club and The Edgewood Club Swim Team for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of The Edgewood Club and The Edgewood Club Swim Team to have participant treated in any medical emergency during their participation in The Edgewood Club Swim Team Program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

SIGNED

DATE

(participant or parent/guardian)

SIGNED

DATE

(participant or parent/guardian)