



DESK STAFF INITIAL: _____

Registration Fee: \$_____

10 Punch Pass: \$_____

OR Season Pass: \$_____

TOTAL: \$_____

SEASON REGISTRATION: October - March

Swimmer First Name: _____ Middle: _____ Last: _____

Birthdate: ____/____/____ Age: _____

Additional Sibling Swimmers:

First Name: _____ Middle: _____ Last: _____

Birthdate: ____/____/____ Age: _____

First Name: _____ Middle: _____ Last: _____

Birthdate: ____/____/____ Age: _____

First Name: _____ Middle: _____ Last: _____

Birthdate: ____/____/____ Age: _____

Parent/Guardian: _____ Preferred Phone: _____

Address: _____ City: _____ Zip: _____

Email(s)*: _____

* This email will be assigned to each swimmer listed above in order for the coach to be in contact with the parent/guardian

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Medical condition, allergies, and/or medications the coaches should know of:

If you were part of the off-season training, you will need to re-sign another code of conduct and participation waiver as there are additional responsibilities and participation information that is needed for the season. The Stingrays Swim Team brochure includes all necessary information: The Code of Conduct, Swim Team Policy and Philosophy, and this year's Fees.

Thank you for your interest in the Charlevoix Stingrays Swim Team!

The Charlevoix Area Community Pool complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Please read the Stingrays Swim Team brochure with the Code of Conduct, Swim Team Policy and Philosophy, and this year's Fees before proceeding.

Please read and Sign:

I understand and accept the non-refundable, non-transferable fee structure, team policies and code of conduct: that payments must be made up front in order to attend practice. I allow CACP and its staff to contact me and/or my child via email or phone for swim team news and pool information. Participation in any activity at the Charlevoix Area Community Pool is at the sole discretion and judgment of the patron, and at his or her own risk. I, the signatory, for myself and my dependents, assume full responsibility for any injuries or damages which may occur to me or my dependents, in, on or about the premises of the facility and do hereby fully and forever release and discharge Charlevoix Area Community Pool, its agents, or employees, and the Charlevoix Area Community Pool Board from any and all suits, claims, damages, costs and expenses of every kind, in conjunction with the use of this facility and equipment thereof, except that arising out of sole negligence of the Charlevoix Area Community Pool.

I, the undersigned parent or legal guardian of the above-named child(ren), do hereby authorize the staff, coaches, or representatives of the Charlevoix Area Community Pool, to obtain or provide if qualified* medical treatment for my child in the event of an injury or illness that occurs during participation in swim team activities, at CACP, or any facility the team visits for training, practice, or competition: including travel to and from such activities. This authorization includes, but is not limited to, permission to seek emergency medical care, hospital admission, and administration of medications as deemed necessary by qualified medical personnel: *including but not limited to lifeguards, licensed physicians, and emergency medical personnel.

I, the signatory, for myself and my dependents, further agree to abide by the rules of the facility, to use all equipment and the facility properly and leave them in good condition. I, the signatory, assume total liability and agree to reimburse the Charlevoix Area Community Pool for all damages incurred through the misuse of the facility and/or equipment thereof. I, the signatory, certify that the information given in this application is complete, accurate, and that the individuals are eligible to participate.

Signature of Parent/Guardian: _____ Date: _____

The CACP has my permission to use my child's photo in promotional / marketing applications. Please Initial: _____

I have read the Code of Conduct and discussed the expectations with my swimmer(s). The swimmer(s) understands the Code of Conduct and will follow it at home and away events and at any event where CSST is represented including training, practice, competition, or banquet.

Signature of Parent/Guardian: _____ Date: _____

Signature of Swimmer(s): _____ Date: _____

Additional Swimmers: _____
