



Uncle Sam

Registration Form – FALL/WINTER 2011

• **Swimmers Information**

Last Name: _____ Legal First Name: _____ Middle Initial: _____

Preferred Name (nickname): _____ Birth Date : _____
(Month/Date/Year)

School: _____ Grade: _____

Gender: Male ___ Female ___ Program Group _____
(Developmental Program /USAM Swim Team)

• **Type of Registration**

- Uncle Sam Renewal
- New To USA-Swimming **(BIRTH CERTIFICATE REQUIRED)**
- Transfer From Other USA-Swim Team _____
(Adirondack Swimming Team Transfer form is Required)

• **Parent Information**

Street/PO BOX: _____ City: _____

Zip: _____ Home Phone Number: _____

Father: _____ Mother: _____

Work # _____ Work# _____

Occupation: _____ Occupation: _____

Cell # _____ Cell # _____

- **Phone Tree** ___ My contact information may be included in a team directory
___ Do NOT include my contact information in a team directory

• **E-mail Information**

* E-mail address required. They will be used to alert you to unforeseen/last minute changes and cancellations. You are responsible to inform us of changes in your E-mail address. Please provide an e-mail that is frequently used to ensure that you will see any alerts as soon as possible.

*Most Frequently Used E-Mail _____

*Swimmer's e-mail _____ Swimmer's Cell # _____

- **Media Waiver** By signing below, I give permission for Uncle Sam Swim Team to use photographs and/or the names of my child(ren) listed above for the sole purpose of promoting the Uncle Sam Swim Team. This includes promotional materials, press releases, newsletters, web site content and media now known or hereafter devised in perpetuity.
___ Yes, I give permission ___ No, I do not give permission

• **Waiver/Release of Liability Waiver –**

Please read carefully before signing. This is a release of Liability and Waiver of Certain Legal Rights.

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

I agree to allow the participant to participate in the USAM Swim Program and hereby agree to indemnify and hold harmless Uncle Sam 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 USAM Swim Program. I also agree to indemnify Uncle Sam Swim team for any damages incurred arising from any claims, demand, action or cause of action by the participant.

I authorize representative of Uncle Sam Swim Team to have the participant treated in any medical emergency during their participation in the USAM Swim Program. I agree to pay all costs associated with medical care and transportation of the participant.

I have noted on this form any medical/health problems of which the staff should be aware.
(allergies, tetanus, medications, medical conditions)

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

Signature of Parent/Guardian _____ Date: _____