



# WAVES SWIM CLUB

## Winter 2021



West Plains Swim Club is a 501(c)3 non-profit USA Swimming program.

### REGISTRATION FEES PER SWIMMER & PRACTICE TIMES:

**Tidal Waves:** 6:00-6:45 pm Tuesday and Thursday. Rate: \$200.00.

**Age Group 1:** 6:00- 7:00 pm Tuesday and Thursday. Saturday 10:00am- 12:00 pm. Rate: \$200.00.

**Age Group 2:** 7:00- 8:30 pm Tuesday and Thursday. Saturday 10:00am- 12:00 pm. Rate: \$225.00.

**Varsity:** 6:45pm - 8:30 pm Tuesday and Thursday. Saturday 10:00am- 12:00 pm. Rate: \$225.00

Registration covers pool access for practice time only between January 5th to May 15<sup>th</sup>, 2021. If pool is closed due to COVID-19 we will attempt to make up sessions if possible. No refunds will be given.

**USA SWIMMING REGISTRATION IS REQUIRED FOR ALL SWIMMERS.** An additional **\$20 flex** (2 USA meets a year) or **\$70 premium** (unlimited meets) for every swimmer is required. This will cover all of 2021.

### SWIMMER(S) INFORMATION: PLEASE PRINT CLEARLY

First Name:	Middle Initial:	Last Name:
DOB:	Age:	Group: TW AG1 AG2 V
First Name:	Middle Initial:	Last Name:
DOB:	Age:	Group: TW AG1 AG2 V
First Name:	Middle Initial:	Last Name:
DOB:	Age:	Group: TW AG1 AG2 V
First Name:	Middle Initial:	Last Name:
DOB:	Age:	Group: TW AG1 AG2 V

### PARENT/GUARDIAN NAME(S):

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

MOM (CELL): \_\_\_\_\_ OTHER: \_\_\_\_\_

DAD (CELL): \_\_\_\_\_ OTHER: \_\_\_\_\_

SWIMMER (CELL): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

### LIST ANY MEDICAL CONDITIONS / DISABILITIES / CONCERNS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY	Amount Paid:	Check #:	Cash:
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Waves Swim Club 501(c)(3)

WAIVER/ RELEASE OF LIABILITY/ PHOTO-VIDEO-MEDIA RELEASE

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

I, \_\_\_\_\_, (swimmer name or parent/guardian of the enrolled athlete(s) if swimmer is under 18) 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 parent/guardian hereby agrees to allow their athlete(s) to participate in the Waves Swim Club program and hereby agrees to indemnify and hold harmless the Waves Swim Club 501(c)(3), its coaches, officers, directors, board, volunteers, agents, and employees against any liability resulting from any injury that may occur to the athlete(s) while participating in the Waves Swim Club program(s). The parent/guardian also agrees to indemnify the Waves Swim Club 501(c)(3) from any damages incurred arising from any claims, demands, or cause of action by the athlete(s).

The parent/guardian authorizes any representative of the Waves Swim Club, to have the athlete(s) treated in any medical emergency during participation in the swim program. Furthermore, the parent/guardian agrees to pay all costs associated with the medical care and transportation for the athlete(s). I have noted on the information form any medical/health problems of which the coaches, officers, directors, board, agents and employees should be aware.

Photos of athletes will be utilized for publicity of the Waves Swim Club at the coaches' discretion.

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

MEDIA RELEASE

As part of the Waves Swim Club 501(c)(3) communication process, the team maintains a web site, Facebook page and periodically prints newsletters and statistics or provides information to news organizations. This form documents how you want your swimmer's information handled.

Please read and sign below. Indicate YES or NO where appropriate:

- 1. I hereby authorize the use of still photographs taken at swim meets or other swim team functions. I recognize these photos may be posted on the team website, Facebook, or other social media outlets or used by news media in covering swimming events. YES NO
2. I understand that no personal demographic information will be posted on the team website/Facebook page in conjunction with these photos. YES NO
3. I hereby grant permission to post swimming-related statistics and information on the team website, the team newsletter, Facebook page and/or provide this information to the news media. YES NO
4. I understand that neither my swimmer nor I will receive payment or other composition for the use of such photos or statistics. YES NO
5. I understand that information listed on the LSC or USA Swimming website regarding my child is not posted by the club. YES NO
6. I authorize the Swim Club, LSC, and USA Swimming to use our contact information in a club roster. YES NO
7. I hereby release the Swim Club, the LSC or USA Swimming from any and all liability in connection with the above said uses and purposes. YES NO

Parent/Guardian Name(s): \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_
(Parent/Guardian if under 18)

ATHLETE NAME(S): \_\_\_\_\_



**Waves Swim Club, 501(c)3  
COVID-19 Liability Waiver**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at the pool and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at the pool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Waves Swim Club, the Waves Swim Club Board and coaches, the West Plains Civic Center, the Missouri State University -West Plains (MSU-WP) employees, swim volunteers, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family and my child(ren) may experience or incur in connection with my child(ren)'s attendance at the pool or participation in pool activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Waves Swim Club, Waves Swim Club board and coaches, MSU-WP and their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Waves Swim Club, Waves Swim Club board and coaches, MSU-WP and their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in pool facility activities.

Swimmer(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature) \_\_\_\_\_  
Date