



Anchor Swimming Registration

Participant Information

Participant Name: _____ AGE: _____ M / F

Parent/Guardian Name: _____ Birthdate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Alternate Phone: _____

Email Address: _____

Medical Information:

Does the participant have any medical conditions or medications the coach should be aware of? (Example: allergies, diabetes, seizures, ADHD, learning disability, etc.)

_____ + _____

Initial _____ To my knowledge, this participant is medically qualified to participate in Anchor Swimming.

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Alternate Emergency Contact: _____ Relationship: _____

Alternate Emergency Contact Phone: _____

**Please sign WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT and
Initial Photography & First Aid Release on back of page.
Parent's signature required for all participants less than 18 years of age**

Anchor Swimming USE ONLY

Anchor Swim Participation	January _____
September _____	February _____
October _____	March _____
November _____	April _____
December _____	May _____

WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

For Participation in Anchor Swim

Having been informed of the Anchor Swimming program and organization to provide supervised activities for the youth of Danbury Township and surrounding areas, I/we, the parents/guardian of the named child, do hereby give approval to the participation in any and all activities during the 2019/2020 year. I/we assume all the risks and hazards incidental to the activities and do further hereby release, absolve, identify and hold harmless the league, organizers, sponsors, officials and coaches appointed by them and waive for myself and the participant, my guardians, heirs, executor, administrators, legal representatives and any other persons on my behalf, any and all rights and claims for damages, demands, and any other actions whatsoever, including those attributable to simple negligence, which I/We may have against any of the following persons or entities: the league, organizers, sponsors, officials and coaches appointed by them in both their official and personal capacities; any medical support personnel assigned thereto; and these persons' or entities' representatives, successors, and assigns, for any injuries and/or death resulting from my participation in the activities comprising the aforesaid event; as well as any use by me of any equipment or facilities in conjunction with and furtherance of such participation by me.. I/We VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISKS ASSOCIATED WITH POOLS, TO INCLUDE THE RISKS OF SLIPPING AND FALLING ON WET SURFACES, OR DROWNING WHILE SWIMMING IN THE POOL. I/We EXPRESSLY, KNOWINGLY, AND VOLUNTARILY ASSUME THE RISKS INVOLVED IN THE ACTIVITIES AND AGREE TO HOLD ANCHOR SWIMMING HARMLESS FOR ANY RESULTING INJURY AND/OR DEATH. I understand that this waiver of liability/assumption of risk agreement shall remain in effect until notice of cancellation is received by Anchor Swimming I understand that, should I decline to execute this agreement, my child will not be permitted to participate in Anchor Swimming. I/we waive all claims against the person transporting my child to and from activities if needed. I/we can, upon request furnish Anchor Swimming with a certified copy of the birth certificate of the named participant if needed/requested.

Initial _____ I hereby consent that photographs of me or my child taken by Anchor Swimming may be used by Anchor Swimming for the purpose of illustration, advertising, or publication in any manner.

Initial _____ I hereby give permission for my child to be administered First Aid, CPR/AED, or any other necessary medical treatment as deemed necessary by qualified staff, coaches, emergency responders while participating in Anchor Swimming

Signature Date

If under 18 - Parent/Guardian signature on behalf of: _____
(Name of Participant/Minor)

Signature of Witness Date
(Witness is Anchor Swim Representative)