

Levite Jewish Community Center Birmingham
 Summer Swim Team 2021
Registration Form

| SWIMMER'S LAST NAME | SWIMMER'S FIRST NAME | DOB | GENDER | REGISTRATION FEE AMOUNT |
|---------------------|----------------------|-----|------------|-------------------------|
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| | | | FEE TOTAL: | |

| MEMBER | PRICE | NON-MEMBER | PRICE |
|----------------------------------|----------|----------------------------------|----------|
| 1 st SWIMMER or DIVER | \$200.00 | 1 st SWIMMER or DIVER | \$260.00 |
| ADDITIONAL SWIMMERS or DIVERS | \$180.00 | ADDITIONAL SWIMMERS or DIVERS | \$240.00 |
| COMBINATION (SWIM & DIVE) | \$280.00 | COMBINATION (SWIM & DIVE) | \$340.00 |
| ADDITIONAL COMBINATION | \$260.00 | ADDITIONAL COMBINATION | \$320.00 |

PARENT/GUARDIAN INFORMATION:

1st Parent/Guardian Name (Last, First): _____

Cell Phone No. : _____ Work Phone No. : _____

Email: _____

2nd Parent/Guardian Name (Last, First): _____

Cell Phone No. : _____ Work Phone No. : _____

Email: _____

Swimmer's Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name (Last, First): _____

Cell Phone No. : _____ Work Phone No. : _____

OPEN REGISTRATION: March 22nd – June 7th (payment is due before child/children's first swim meet if the date is prior to June 7th)

Paying with Card: Please submit payment through DAXKO with link provided on LJCC sign up page.

Paying with Check/Cash: Please submit payment through front office (Membership – Della Higgins).

****Please note that by signing up your child, you are acknowledging that at least one parent/guardian will volunteer at a minimum of two swim meets****

Levite Jewish Community Center Birmingham

Summer Swim Team

2021

Waiver & Release of Liability

Please read this form carefully and be aware that in registering your child/children to participate in this/these program(s), you will be waiving and releasing all claims of injuries, damages or loss, or claims your child/children might sustain through participation in this/these program(s) listed below.

Swim Team: As a participant or the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I or my child/children may sustain as a result of participating in any way associated with the activities of the program. I further agree to indemnify, hold harmless, and defend the Levite Jewish Community Center Birmingham, and its officials, agents, servants, representatives, employees and board members from any and all claims for injuries, damages or loss sustained by me or my child/children arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and /or medical personnel any treatment deemed necessary of my or my child/children's immediate care and agree that I will be responsible of repayment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS,
WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE
TREATMENT.

Participant's Full Name (Print):

Parent/Guardian Name (Print):

Parent/Guardian (Signature):
