

2018 Delaware Riptide Aquatics Spring/Summer Swim Team Registration

Mail Registration Forms to: Delaware Riptide Aquatics, PO Box 48, Middletown, DE 19709

Please complete one form per family (please print). Information is for general informational purposes, which could be shared with emergency medical professionals. As with participation in any strenuous activity, you should check with your physician before starting.

How did you hear about us? _____

Name: _____ M F Date of Birth: _____ Age: _____
Name: _____ M F Date of Birth: _____ Age: _____
Name: _____ M F Date of Birth: _____ Age: _____
Name: _____ M F Date of Birth: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____ Phone: _____

PLEASE USE EMAIL ADDRESS THAT IS CHECKED ON A REGULAR BASIS

Father's Name: _____ Work/Cell # _____
Mother's Name: _____ Work/Cell # _____
Emergency Contact: _____ Phone: _____
Health Insurance Company: _____ Policy Number: _____
Primary Care Physician: _____ Phone: _____

Brief Medical History

Please indicate if any of the following apply:

Allergies ADD/ADHD Diabetes Heart Disease Hypertension
Lung Disease/Asthma Seizures Surgeries Sensory/Physical Disability

Name: _____ Medical Concern: _____
Name: _____ Medical Concern: _____
(if additional space needed, please continue on other side)

Note: For those under 18 who have seizures that are not currently controlled by medication, a parent or guardian should be present during activities.

If you feel your swimmer has a unique learning style or have difficulty following directions please indicate below: _____

I understand fees will NOT be returned unless the swimmer is deemed unable to participate by a physician. Please advise us immediately of any changes. Thank you!

Signature: _____ Date: _____
Participant or Parent/Guardian for those under 18

Participation Consent/Waiver/Hold Harmless Agreement

- I hereby acknowledge that _____ will participate fully in the Delaware Riptide Aquatics Swim Team (Riptide) as specified on the registration form.
- In the event that an illness, accident, or loss of consciousness should occur and a parent/guardian is not present, I give coaching staff, and/or other facility personnel of Riptide, and/or other facility used by Riptide permission to seek emergency treatment as deemed appropriate.
- I acknowledge that the nature of the activity may expose Participant to hazards or risks that may result in Participant's illness, personal injury, or death and I understand and the consequences of such hazards and risks.
- I hereby accept all risk to Participant's health and of his/her injury or death that may result from participation and I hereby release Delaware Riptide Aquatics, Inc., The Clubhouse of Frog Hollow, and St. Andrew's Pool their governing boards, officers, employees, and representatives from any and all liability to Participant, Participant's personal representatives, estates, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by negligence of the Institutions and their governing boards, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Institutions and their governing boards, officers, employees, or representatives, or otherwise from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.
- I hereby release Coaches, Staff, and Board Members of Riptide, or any other facility used by Delaware Riptide from any and all claims which may hereafter arise from any alleged breach of any alleged warranty, expressed or implied, concerning Delaware Riptide Aquatics Programs and specifically the program stated on the registration form, and from any and all claims arising out of any injury or illness which I may suffer during or as a result of this program.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Parent/Guardian Name (Print)

Email address

Phone

Date

Signature of Parent/Guardian - I am the Parent/Legal Guardian of the above named Participant who is under 18 years of age and I am fully competent to sign this Agreement. I give permission for the Participant to participate in the above-referenced Activity.

Payment Received on _____ Amount Received _____ Check Number _____