

Ridgewood Riptide Swimmer Registration

Team: (circle) Competitive Non-Compete (Developmental)

Swimmer information:

Name: Last _____ First _____

Birth Date: _____ Age: _____ Gender: (circle) M F

Parent information:

Name(s): _____

E-mail address (required): _____

Mailing address: _____

City: _____ Zip code: _____

Phone: (H) _____ (C) _____

Emergency contact: (other than parents) _____

Phone: _____

Health/Medical conditions: _____

Allergies: _____

Swimming experience: (# years)

Ridgewood _____ year-round/USA _____

T-shirt size: (circle) Youth: S M L Adult: S M L XL

**COMMUNITY SWIM ASSOCIATION
SWIMMER REGISTRATION / RELEASE FORM**

Pool Name: _____

PLEASE PRINT

Swimmer Name _____

Address _____

City _____ Zip _____ Phone _____

Birth Date _____ Sex: M F

In consideration of allowing my child to participate in activities organized by the Community Swim Association, I hereby, for my child, myself, my heirs, executors, administrators, and assigns, and anyone entitled to act on my behalf, or on behalf of my child, release and discharge Community Swim Association, plus all sponsors, their representatives, and successors, promoters, managers, directors, officials, agents, employees, and volunteers of Community Swim Association events from any and all claims of injury or liabilities of any kind, including any illness, injury, or damage suffered by my child as a result of participation in or traveling to or from such events. I know that swimming and participation in these activities is potentially hazardous, that my child should not enter any Community Swim Association event unless he or she is medically able and properly trained, and I, as parent or guardian, hereby assume all risks associated with participation in Community Swim Association events including, but not limited to, falls, contact with other participants, the effects of weather, and any and all other risks known or associated with swimming, all such risks being known and appreciated by me. I hereby certify that my child is in good physical condition and good health and able to participate in Community Swim Association events.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian (Print Name): _____

Please Note:

In the interest of providing information on year-round swim opportunities, Greensboro CSA shares swimmer addresses with a limited number of local swim clubs. At no time are mailing lists sold to any other organizations. If you prefer that your child's name not be shared with local swim clubs, please indicate by checking the following box.
Do not share address.