

# Palatine Park District Registration/Emergency Release Form for Tiger Sharks Swim Team

Please print legibly when completing this form.



Novice   
  White 2   
  White 1   
  Blue 2   
  Blue 1   
  Green 2   
  Green 1   
  Senior 2   
  Senior 1

Participant Name: \_\_\_\_\_  
(First Name) (Nickname) (Middle Initial) (Last Name)

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 1 Email Address: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2 Email Address: \_\_\_\_\_

Athlete Cell Phone: \_\_\_\_\_ Athlete Email Address: \_\_\_\_\_

Transfer:  Yes  No    If yes, former Club name: \_\_\_\_\_

Online registration is only available for swimmers currently enrolled in Palatine Tiger Sharks Swim Team.

**PLEASE NOTE:** The Palatine Swim Team is organized and governed by a volunteer Board of Directors, which in turn is responsible to the Palatine Park District Board of Park Commissioners. The Swim Team Board of Directors raises funds to supplement registration fees to offset expenses associated with the Palatine Swim Team. Occasionally, expenses are incurred which are not previously approved by Park District staff or by the Board of Park Commissioners. Occasionally, Palatine Swim Team organizational positions are taken relative to Park District issues and/or Park Board candidates which may not represent the views of the Park Board and/or individual commissioners.

### Volunteer Requirements

I understand that one parent or representative per family is required to volunteer during each full session that my child swims at all Palatine Swim Team hosted meets. I understand that I will complete my job assignment even if my child has completed his/her races. If an emergency comes up and I cannot make my commitment or I will be late I will notify the volunteer coordinator myself or get a message to them.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## THE FOLLOWING SECTION MUST BE COMPLETED

**PRIVACY POLICY AND PHOTO STATEMENT:** Visit [palatineparks.org](http://palatineparks.org) to view the Palatine Park District Privacy Policy and Photo Statement.

### RELEASE AND HOLD HARMLESS WAIVER

**IMPORTANT INFORMATION:** The Palatine Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Palatine Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. **WARNING OF RISK:** Swimming is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including drowning. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one's head on the bottom when using a diving block, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to the sport of swimming. In this regard, it must be recognized that it is impossible for the Palatine Park District to guarantee absolute safety. **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK:** Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Palatine Park District including its officials, agents, volunteers and employees. **I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Please indicate below any medical information (asthma, diabetes, etc.) or food allergies that staff should be aware of.

\_\_\_\_\_  
 \_\_\_\_\_

PNO: _____
<b>FOR OFFICE USE ONLY</b>
CA CK CG R NR FHS PHS SCH
Processed by: _____
Date: _____
Batch # _____