

OAKBROOK PIRANHAS SWIM AND DIVE TEAM

2018 REGISTRATION



Avail Sizes
YS, YM, YL, AS, AM AL, AXL, A2XL

Athlete Name	Age as of 6/30/18	DOB	M/F	Swim, Dive or Both	Fee	Shirt Size
1. _____	_____	_____	_____	_____	\$ 100.00	_____
2. _____	_____	_____	_____	_____	\$ 95.00	_____
3. _____	_____	_____	_____	_____	\$ 95.00	_____
4. _____	_____	_____	_____	_____	\$ 90.00	_____

Checks Payable to Oakbrook Swim and Dive Team

Total

Fees must be paid by 1st practice, Tuesday 5/29/18. NKSL Rule!!

(2x = \$195, 3x = \$290, 4x = \$380)

Primary Method of Communication will be through our Remind App Code: @oakbrook18

Address: _____

Home Phone: _____ **Email** _____

Cell Phone – Parent1: _____ **Parent 2:** _____

In Case of Emergency call: _____ Phone: _____

List any medical conditions that coaches should be aware of or any Medications/Allergies to be considered in the event of an Emergency (if none, please write NONE).

In case of a medical emergency, I request that the coaches or a team representative contact me. If unable to contact me I hereby authorize them to call the physician indicated below and follow their instructions. reach the physician, the team representatives may make whatever arrangements they deem necessary.

Physician: _____ Phone _____

Hospital of Choice: _____

Parent/Guardian Signature: _____

Date: _____

By signing this form I state that I have read the procedures and rules in this packet and understand them, that I understand that both swimming and diving can be dangerous sports, and that I will not hold the Oakbrook Swim Club and/or Oakbrook Piranha Swim & Dive Team responsible for any injury that may occur.

VACATIONS: If you have any vacation plans during the season it is your responsibility to advise the coaches as soon as possible so that they can plan accordingly. You are responsible for notifying the coaches at least ONE WEEK in advance of any meets that will be missed.

KNOWN VACATIONS/ABSENCES:

MEET WORKER REQUIREMENTS!!!

Dive Meets: Each family must provide **at least one** worker for each home and away meet.

Swim Meets: Each family must provide **at least one** worker for each home and away meet.

For families whose children Swim and Dive they must fulfill **BOTH meet worker requirements.**

*****Meet signups can be done through Volunteer Spot at any time. Reserve your favorite spots TODAY!*****

PARENTAL WAIVER AND RELEASE FORM

As the parent or legal guardian of the child(ren) named below, I hereby give my full consent and approval for my child(ren) to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Name of Child	Date of Birth
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Name of Child	Date of Birth
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Name of Child	Date of Birth
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Name of Child	Date of Birth
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Street Address	City	State
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Please list any physical limitations (allergies, hearing, sight, etc.) _____

Parent's Signature	Date
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NORTHERN KENTUCKY SWIM LEAGUE, INC.

Name of Sponsoring Organization

Designated Sport (Swim/Dive/Both)