

2010 Registration Form & Parent Directory Information

Swimmer Name	Birth Date	Home Phone	Cell Phone	Email
1 _____				
2 _____				
3 _____				

Note: Swimmer's age division is determined by swimmer's age as of January 1, 2010.

Contact Information (Parent or Guardian)

Father's Last _____ Father's First _____

Mother's Last _____ Mother's First _____

Primary Mailing Address _____ City _____ ZIP _____

Father Contact Work _____ Cell _____ Email _____

Mother Contact Work _____ Cell _____ Email _____

Indicate which phone number (one per family) is to be used for last minute announcements: ◀

Swimmer's allergies, special medication, medical restrictions? None Described below for each swimmer

Waiver: My swimmer(s) has (have) permission to participate on the Bitterroot Swim Team. We know the risk of injury, disability or death may be involved. The undersigned release, waive, and covenant not to sue the Bitterroot Swim Team, Inc. and its officers, directors, employees, and agents from or for any injury, serious injury, disability, or death alleged to be caused in whole or in part of any action, activity, or omission, voluntarily engaged in or related to participation in Bitterroot Swim Team swimming activities. The above named swimmer(s) and undersigned assume full responsibility for their actions and decisions, including the cost of medical care and other loss or liability resulting from their participation in swimming activities. The undersigned further release, waive, and covenant not to sue Bitterroot Swim Team coaches, chaperones, and driving parents for losses at swim practice, meets, and while traveling to and from meets and practices.

I hereby authorize the coaches, sponsors, and/or chaperones to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the Bitterroot Swim Team, Inc. and its officers, directors, employees, and agents, coaches, chaperones and anyone associated with the swim team of all liability for any illness and/or accident of the participant.

Parent/Guardian Signature: _____ Date signed: _____

Code of Conduct: My swimmer(s) agree(s) to abide by the rules set down in the BST Code of Conduct as a condition of their participation on the Bitterroot Swim team. Violation of these rules may be grounds for dismissal from the team.

Refunds: First time swimmers not qualifying (see Coach) for team membership by 6/11/10 will have all fees refunded. **Registration fees** only are refundable if a swimmer decides before 6/15/10 not to participate; **Pool Usage Fees are not refundable.** Suit or cap **replacement fee will be charged** to the parent or guardian. The last day for all new swimmer registration is 6/11/10.

I have read and understand the above Code of Conduct, refund and replacement policies. Initial _____

Registration Fee: Includes membership, insurance fee, swim cap, and use of BST swimsuit
 \$65.00 for first swimmer \$ _____
 + _____ x \$45.00 for each additional swimmer \$ _____

BAC Pool Usage Fee: Bitterroot Aquatic Center fee for BST practice times and swim meet use only
 \$60.00 per Swimmer _____ x \$60.00 \$ _____

Please make check payable to **BST**. Total Amount Due \$ _____

Check #/Cash: _____ Received by: _____ Date Received: _____