

Please READ CAREFULLY BEFORE JOINING STINGRAYS:

- 1) You are making a commitment for your athlete(s) to improve on their swimming skills and abilities.
- 2) Joining The Stingrays team REQUIRES a commitment from parents and swimmers!!!!
- 3) Practices ARE mandatory. Swimmer(s) may miss a maximum of 4 practices per session, unless there is a doctor's note.
- 4) ONLY By attending ALL practices will you or your athlete(s) see improvements!!!!
- 5) ALL player(s) must have a team swim Suit. One free cap is given to all female swimmers.
- 6) Stingray's swimmer(s) MUST wear SWIMMING swim suits (Girls-one piece suit; Boys jammers or racing suits) during practices.
- 7) Stingray's swimmer(s) MUST wear ONLY STINGRAYS attire during swim races. Failure to do so, head coach will NOT ALLOW swimmer(s) to participate in meet.
- 8) Level 1 swimmer(s) are Required to participate in ALL duel swim meets. Level 2 swimmer(s) are REQUIRED to attend ALL swim meets (Open and Duel) . Failure to do so, swimmer(s) will NOT be allowed to PRACTICE ONE WEEK!!!!!! Exceptions are made for swimmer(s) with doctor's note.
- 9) ALL swimmer(s) MUST be registered with USA Swimming.

I have read and understand all the Stingrays RULES!!!

Parent signature

Swimmer(s) signature



Swimming
2011-2012 Registration Form

First Name _____

Last Name _____

Address _____

Date of Birth _____

Age _____

Swimming Experience _____

E-mail Address _____

In Case of Emergency Contact _____

Parents Names _____

Phone Number _____

Any Medical Information we should be aware of _____

Free T-Shirt Size _____

- Level 1 \$275
- Level 2 \$300
- Stroke & turn Clinic \$100
- Intro Swimming \$180

Please make check payable to:
Lawrenceville Stingrays
P.O. Box 66031
Lawrenceville, NJ 08648

**The Lawrenceville Aquatics
Participation and Release Agreement**

I, Acting on behalf of myself, my family members, all other members of my household, all guests or persons employed by me, accompanying the above persons, as well as in the capacity as the legal guardian of the children named below, (collectively the "Participants"), hereby release and discharge The Lawrenceville Aquatics Club the owners, officers, directors, employees, agents, successors, legal representatives and assigns (collectively the "Club"), from all claims, demands, actions judgments and executions of any kind, nature and description, including without limitation those arising with respect to or in anyway related to any swimming programs conducted by or associated with the Club, its facilities and/or any facilities used by the Club (the "Programs") whether arising out of past, present, or subsequent events, whether known or unknown, without regard to the cause or causes thereof or the negligence or gross negligence, of any party or parties, including that of the Club. The Participants agree to protect, defend, indemnify and hold harmless The Lawrenceville Aquatics Club from and against any and all liability, loss, damage or expense, including reasonable attorney's fees, the club may suffer or incur as a result of any claims, demands, costs, litigation, injury to persons or property, death and judgment against the Club of every kind and character by, for, through or on behalf of the Participants, without limit and without regard to the cause or causes thereof or the negligence or gross negligence of any party or parties, including the Club, with respect to the Programs. The Participants agree to maintain in force adequate insurance coverage, including without limitation property, casualty, liability, and other insurance, sufficient to cover all of their obligations under this Agreement. I hereby represent and warrant that I have legal authority to act on behalf of the Participants and to legally bind the Participants to the terms of this Agreement. I have noted any and all medical history or other information of which The Lawrenceville Aquatics Club should be aware that would or could affect participation of any of the Participants in the Programs. The Participants hereby authorize the Coaches to treat any Participants in medical emergency arising during or incident to the Programs.

List children who are swimming or playing water-polo

_____ Birth date ____ - ____ - ____

_____ Birth date ____ - ____ - ____

I have read and I fully understand the guidelines set forth by The Lawrenceville Aquatics Club with regard to private, semi-private and small group instruction.

Printed Name (*Parents' name*) _____ Phone () _____

X _____

Parents Signature

