

**BARDSTOWN BARRACUDA
SWIM TEAM REGISTRATION
Bardstown Parks & Recreation
Please Print**

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Parent's Phone # _____ Work # _____ Cell# _____

Email Address: _____

City or County Resident (please circle one)

- ❖ Swim team is a competitive swimming sport, not swim lessons. Please use good judgment on your child's ability as to whether he/she is capable of participating. After a swim evaluation on the first day of practice by the coaches, which entails swimming the width of the city pool without assistance or touching the floor of the pool, it may be recommended that your child enroll in swim lessons.
- ❖ Participant must be 5 years old as of June 1st, 2016
- ❖ Cost \$75.00 per participant. Immediate Family Maximum \$200.
- ❖ Swim Team members must purchase and wear a black one piece suit or jammers.
- ❖ Parents' assistance at swim meets is required.
- ❖ Practice will be Tuesday, Wednesday & Thursday @ 9:00 –10:30 a.m. for the 10-18 years age group and 9:00 – 10:00 a.m. for the 5-9 years age group.
- ❖ A parent meeting will be held June 2, 2016 @ 5:30pm at the pavilion by the city pool.
- ❖ Practice begins June 7th.

THE SHIRT SIZE MARKED ON THIS FORM IS THE SHIRT SIZE THE PARTICIPANT WILL RECEIVE.

CHILD'S SIZE **SM (6-8)** **MED (10-12)** **LG (14-16)**

ADULT SIZE **SMALL** **MED** **LARGE** **XLARGE**

Release of Liability

I understand that because of the potentially hazardous nature of this activity that an injury might be sustained and that the City of Bardstown, the Recreation Department and staff will exercise care and precaution in the supervision thereof. However, recognizing the inherent risk of injury, I nevertheless waive, release and discharge and agree to indemnify and hold harmless, the City of Bardstown, their officials, employees, agents and staff, including but not limited to the personnel and volunteers from any and all liability for injuries or damages which may arise from any and all negligent acts or conduct of commission or omission, if any other injury arising from this program which may be sustained by me or my child.

Parent or Guardian Signature: _____

OFFICE USE ONLY

Check # _____	Cash _____	Received By _____	Date _____
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