



## Middle School Training Group Registration

Wednesday, August 23-Thursday, Oct 19

5:30-6:30pm, Monday-Thursday

Cost: \$125 per swimmer

**Starting Skills Requirement:** 50 yards freestyle, 50 yards backstroke required to participate in the Middle School training groups. See the Crawfish Aquatics website for Novice group options for swimmers that do not meet this requirement (enrollment through Crawfish Aquatics / commitment to the Novice season is required).

*Practice groups are broken up by age & skill level and coaches utilize a seasonal plan to maximize skills development.*

**Please arrive at 5:15PM on the first practice day** to check in with your school representative and complete registration paperwork. Paperwork and payment will be collected by your school representative.

### SWIMMER INFORMATION

#### Full Name

Swimmer 1    **First**                      **Middle**                      **Last**                      **Preferred Name**

**Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Gender:** M   F    **School:** \_\_\_\_\_

#### Full Name

Swimmer 2    **First**                      **Middle**                      **Last**                      **Preferred Name**

**Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Gender:** M   F    **School:** \_\_\_\_\_

### FAMILY INFORMATION

**Parent/Guardian Full Name** \_\_\_\_\_

**Contact** \_\_\_\_\_

cell

work

**Parent/Guardian Full Name** \_\_\_\_\_

**Contact** \_\_\_\_\_

cell

work

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Zip Code** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Release of Liability & Waiver: Child Participant**

I am the parent/guardian of the participant(s) identified herein and enrolled in a swimming program or event with Crawfish Aquatics. I acknowledge and understand that swimming is a hazardous activity and that there are risks inherent in the sport of swimming, including but not limited to drowning, fatigue, paralyzing injury and death.

I acknowledge that the participant(s) may participate in swimming activities at Crawfish Aquatics. I hereby agree to indemnify and hold harmless Crawfish Aquatics, its management, directors and agents, members, associates and employees against any and all liability for any injury that may occur to the participant(s) while present at Crawfish Aquatics or participating in a swimming program, regardless of the cause of the injury or damage. I also hereby agree to indemnify Crawfish Aquatics, its management, directors and agents, members, associates and employees against any damages arising from any injury, property damage, claim, demand, action or cause of action by or on behalf of the participant(s) while on the premises of Crawfish Aquatics, regardless of the cause of the injury or damage.

I agree to and hereby authorize any representative of Crawfish Aquatics to have the participant(s) treated in the event of any medical emergency which may arise and will pay all costs associated with any medical care and transportation for the participant(s).

Child Participants: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

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