



Stonewall Park Swim Team 2010 Registration Form

P.O. Box 1742
Manassas, VA 20108-1742



Parent Information

Name(s): _____
 Address: _____
 City, State ZIP: _____
 Telephone... Home: _____ Work: _____ Cell: _____
 email address: _____

Swimmer Information

First Name	Last Name	Nickname	Sex	Birthdate (mm/dd/yyyy)	Age as of 06/01/2010

Emergency Information

In case of an accidental injury or serious illness, I/we authorize personnel of the City of Manassas or personnel of the Stonewall Park Swim Team, Inc. to contact a physician or hospital for medical services and treatment. It is understood that I/we will assume the responsibility for payment of any rendered services or treatment.

 parent/guardian signature _____
date

Please name child(ren) with medical conditions or and regular medications that would be of relevance to the coaching staff for to emergency personnel, should the need arise, in the space below.

Emergency contact's name: _____
 Emergency contact's phone numbers: home _____ work _____ cell _____

Volunteer Information

Please mark one or more ways you can support your child as a volunteer. Training can be provided for all positions.

- | | | |
|---|--|--|
| <input type="checkbox"/> clerk of course | <input type="checkbox"/> meet tear down (Sat noon) | <input type="checkbox"/> meet operations |
| <input type="checkbox"/> timer | <input type="checkbox"/> concessions - meets | <input type="checkbox"/> team newsletter |
| <input type="checkbox"/> recorder | <input type="checkbox"/> concessions - practice | <input type="checkbox"/> team website |
| <input type="checkbox"/> scoring table | <input type="checkbox"/> stroke & turn official | <input type="checkbox"/> fund raising events |
| <input type="checkbox"/> meet set up (Friday night) | <input type="checkbox"/> computer support | <input type="checkbox"/> banquet committee |

Stonewall Park Swim Team

Release Form, Covenant Not to Sue and Indemnity Agreement

KNOW ALL MEN BY THESE PRESENTS, that for and consideration of the Department of Recreation and Parks of the City of Manassas, Manassas, Virginia and the Stonewall Park Swim Team, Inc., allowing and permitting my child of ward name(s) to participate in a competitive swimming program from Tuesday, June 1 through Sunday August 1, 2010.

I/we hereby release and forever discharge, and by this do for myself/ourselves, my/our heirs, executors, administrators and assigns, the City of Manassas, its agents, servants, employees and officers, and the Stonewall Park Swim Team Inc., its officers, agents, and coaching staff, from all claims, demands, damages, actions, causes of action, or suits at law or in equity of whatsoever kind of nature, for or because of any matter or thing done, omitted, or suffered by the said child of ward arising out of the desired participation.

I/we hereby covenant and warrant not to assert, individually, jointly, or as legal guardian(s), any claim of claims in any action at law or suit in equity against the City of Manassas, its servants and employees, or the Stonewall Park Swim Team, Inc., its officer, agents, or coaching staff of any injury or other loss of damage sustained of that may be sustained by me/us, as legal guardian(s), or by my child as a consequence of any matter or thing done, omitted, or suffered by the said child or ward arising out of the desired participation.

I/we expressly stipulate and agree to indemnify and hold harmless the City of Manassas, its servants and employees, or the Stonewall Park Swim Team, inc., its officers, agents, and coaching staff, against all claims and actions which might result from personal injuries, known or unknown, sustained by my child or ward due to participation in the above described activity.

I/we accept full responsibility and supervision and agree to indemnify and hold harmless the City of Manassas, its servants and employees, or the Stonewall Park Swim Team, inc., its officers, agents, and coaching staff, from custodial care of my/our child(ren) before or after practice, before or after meets, between events, or at any event(s) hosted by SPST.

In case of an accidental injury or serious illness, I/we authorize personnel of Recreation and Parks of the City of Manassas or personnel of the Stonewall Park Swim Team, Inc. to contact a physician or hospital for medical services and treatment. It is understood that I/we will assume the responsibility for payment of any rendered services or treatment.

SPST has a website, www.stonewallparkswimteam.com, we plan to post meet results and take photographs taken during all SPST events. Do we have permission to post photos of your child(ren)? yes _____ no _____

I/we, the undersigned, have read this agreement and understand all of its terms. I/we execute it voluntarily and with full knowledge of its significance.

IN WITNESS THEREOF, I/we have hereunto set my/our hand(s) and affix my/our seals this ____ day of _____, 2010.

parent/guardian

parent/guardian

Payment and Fees

Payment by: cash check # _____

Please make checks payable to SPST.

Family Fee	\$20
first child	\$100
second child	\$75
add'l children	\$50
Total Paid:	\$ _____

How did you hear about SPST?

- a friend _____
- a flyer at my child's school
- a flyer at my Scout meeting, church, etc.
- a booth at a store or festival
- a web search
- a local newspaper
- a City of Manassas publication
- a flyer at my community pool