

SIMS

MEMBERSHIP FORM

SWIMMER DETAILS

Please complete in BLOCK CAPITALS
One form per swimmer

Name of Swimmer	
Male or Female	
Name of Parent / Guardian	
Physical Address	
PO Box / Post Code	
Cell Number(s)	
Home Number	
Email Address(s)	
Date of Birth	
Name of School	
Grade / Year at School	
Emergency Contact Name	
Contact Number	
Relationship To Swimmer	
Known Allergies	
Current Medications	
Other Information	

OUR TEAM CODE

I, _____ (insert swimmer's name) agree to abide by the swimmers code:

I will be on my best behavior at all times

I will respect property of others, assist with cleaning up the team area of the pool deck, especially after a swim meet

I will treat all of my Teammates / Officials / Volunteers with respect

If I am unsure of something, I will ask the Coach

I will attend practice on a consistent and regular basis

I will maintain my focus and try my best in training sessions and at swim meets

I will be prepared and ensure that I bring my full kit (with spares) to every session

I will encourage and support the younger members of the team

I will make my coach proud!

Signed by Swimmer

Date

Signed by Parent / Guardian

Date

PARENT WAIVER AND CONSENT AGREEMENT

I, _____ (insert name of parent) do hereby agree as follows:

My child(ren) and I will abide by the code of conduct as set by the directors, officers, employees and agents (together the "Club"), CIASA and FINA, including all by-laws and constitutions as amended from time to time.

I release, waive, discharge not to sue the Club, from all liability to the Members for any damage or loss and any claim or demands on account of injury to the property or person or resulting in death of the members, whether caused by negligence of the Club or otherwise while the Members are in, upon or about the premises or any facilities or equipment therein or participating in any program connected with the Club.

The Members agree to indemnify and save hold harmless the Club from any liability, damage, loss or cost that they incur due to the conduct of the Members or by failing to observe the rules established by the Club.

I fully understand that there are risks involved with my child(ren) participating in the sport of Swimming and that there is a potential risk of death or injury. My child(ren)'s swimming activities are voluntary.

Any and all physical impediments shall be made known to the Coach immediately and in which case my child(ren)'s training may be limited or cancelled until the Swimmer has been declared physically fit and without medical impediment.

In the event of an emergency, the Club will make every reasonable effort to contact the Emergency Contact Person detailed on this form. If this contact cannot be reached, the Club will obtain medical treatment as deemed necessary at that time.

By signing this Waiver and Consent, it is understood that the Members have relinquished all rights to sue. This Waiver and Consent has been signed freely, has been read in its entirety and fully understood.

I consent that the Club may publish my child(ren)'s name and image to promote the Club and swimming in the Cayman Islands. My child(ren)'s image and name will not be used for anything else.

This Waiver and Consent is governed by the laws of the Cayman Islands (as amended from time to time).

Signed: _____

Name (in block capitals): _____

I, _____ (name of Parent / Guardian) confirm that I am authorized to sign this Consent / Waiver on behalf of _____ (insert name of swimmer).

Date