

# 2021 REGISTRATION FORM

CITY SWIMMING AND DIVING LEAGUE



Athlete's Name _____ <input type="checkbox"/> This is my 1st year	BIRTHDATE (MM/DD/YY) _____	AGE (6-18 ONLY)* _____	<input type="checkbox"/> M <input type="checkbox"/> F
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*\*In order to join and compete in swimming events, swimmers age 10 & younger must be able to swim one length of the pool unassisted and without stopping; swimmers age 11 & older must be able to swim two lengths of the pool unassisted and without stopping.*

*\*In order to join and compete in the diving events, a diver must be able to complete a forward dive from a 1-meter diving board and must possess the skills which, in the judgment of the diving coach, are necessary to avoid injury to the diver.*

*\*IMPORTANT: Make sure the age and birth date are accurate. If this is a June or July birth date, the participant will have to move up at that birth date or before to have results to be eligible at the Champ meet. You may want the child to swim/dive at the older age group all season.*

List adults responsible for participant in case of emergency:  *Primary Contact Parent/Guardian's Name _____	Check which PRIVATE POOL team swimmer/diver wants to compete for: <input type="checkbox"/> Cople YMCA <input type="checkbox"/> Cooper YMCA <input type="checkbox"/> Eastridge** <input type="checkbox"/> Fallbrook YMCA <input type="checkbox"/> Hillcrest** <input type="checkbox"/> Meadowlane** <input type="checkbox"/> Waverly <input type="checkbox"/> Country Club** **Pools with diving teams.
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Secondary Contact Parent/Guardian's Name _____	Check one or both teams: <input type="checkbox"/> Swimming <input type="checkbox"/> Diving <input type="checkbox"/> Both
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Mailing Address _____ <input type="checkbox"/> This is a new address	City _____	State <b>NE</b>	Zip _____
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Phone Numbers _____ Athlete's Home Phone _____	<b>T-shirt size; check with the coach for information about t-shirts: (please circle size)</b> Child Size <b>M</b> <b>L</b> Adult Size <b>S</b> <b>M</b> <b>L</b> <b>XL</b> <b>XXL</b>
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Primary Contact phone numbers: _____	Day _____	Cell _____
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\*Parent's e-mail address: \_\_\_\_\_

**VOLUNTEER SIGN UP**    *This is important!!! Swim meets can only take place when you volunteer to help. Mark which meet(s) you will work below:*

1<sup>st</sup> Volunteer's Name: \_\_\_\_\_    *Swim coach will follow up.*

Circle weekly swim meet(s) you'll work:	<b>Meet 1</b> 6/19/21 (Sat)	<b>Meet 2</b> 6/26/21 (Sat)	<b>Meet 3</b> 7/3/21 (Sat)	<b>Meet 4</b> 7/10/21 (Sat)
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Volunteer 1<sup>st</sup> Choice \_\_\_\_\_  
 Job: 2<sup>nd</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Volunteer's Name: \_\_\_\_\_    *Swim coach will follow up.*

Circle weekly swim meet(s) you'll work:	<b>Meet 1</b> 6/19/21 (Sat)	<b>Meet 2</b> 6/26/21 (Sat)	<b>Meet 3</b> 7/3/21 (Sat)	<b>Meet 4</b> 7/10/21 (Sat)
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Volunteer 1<sup>st</sup> Choice \_\_\_\_\_  
 Job: 2<sup>nd</sup> Choice \_\_\_\_\_

Volunteer's Name for Champ City Swim Meet: \_\_\_\_\_    City Swim Meet 7/24/21

Job you would like to do for Champ City Swim Meet: 1<sup>st</sup> Choice \_\_\_\_\_  
 2<sup>nd</sup> Choice \_\_\_\_\_

**REGISTRATION INFORMATION**  
 Registration form and fee goes to your coach. For the cost of program, please see your team coach.

**ADDITIONAL TEAM**  
 If registering for both the swimming and the diving teams at one of the private pools, you may need additional fees to be registered on both teams. See your coach.

**TOTAL ENCLOSED**..... \$ \_\_\_\_\_  
 Cash  OR Check  --Write in check # \_\_\_\_\_

◆ END OF REGISTRATION IS JUNE 21, 2021, OR WHEN THE TEAM LIMIT IS REACHED, WHICHEVER COMES FIRST.

**Parents, please note: no signature—no participation**

**WAIVER AND RELEASE OF ALL CLAIMS**  
*Please read this form carefully and be aware that in participating you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this participation.*

For and in consideration, the undersigned parent(s)/guardians(s) of the participant(s) in the program are fully aware and understand the specific risks of that activity including physical injury, sickness and disease **including COVID-19**, and death and agree to assume the full risk arising from participant's activity without limitation; furthermore, the undersigned and the participant(s) waive all claims of whatsoever kind or nature against the City of Lincoln, its officials, officers, agents, employees and volunteers that the undersigned or participant(s) may incur on account of participation in the activity and this program; and finally, to the fullest extent permitted by law, the undersigned and participant(s) shall indemnify, defend, and hold harmless the City of Lincoln, its officials, officers, agents, employees and volunteers from any claims, damages, losses, and expenses, including but not limited to attorney's fees arising out of the activity, including physical injury, sickness and disease **including COVID-19**, death, and losses, including those that are caused in whole or in part by the intentional or negligent act or omission by the City. This shall be construed under the laws of the State of Nebraska and any portion shall be severable to the extent any portion is rendered invalid. In consideration for participation in the activity, the undersigned have read, understand, and agree to all of the terms herein, which are binding on the participant(s).

PHOTO: The undersigned grant irrevocable permission to the City of Lincoln for use of photographs and video of the participant(s) for use in promotions/advertising.

I have read and fully understand the above warning of Risk and Waiver and Release of All Claims.

**\*Required Signature of Parent/Guardian** \_\_\_\_\_

Please remember that your swimmer won't be able to get into the water until this release has been signed and payment made.

Date \_\_\_\_\_