

BLANDING CITY PARKS AND RECREATION

Swim Team 2022

Cost: \$40

Deadline: June 29, 2022

The team will have practices and meets as TBD

Practices and meets will be held at the San Juan Wellness Center in the Pool

Participants should be able to swim the length of the pool, without stopping, using a swim stroke with rhythmic breathing..

Name: _____

Grade: _____

Shirt Size: (select one) YS 6-8 YM 10-12 YL 14-16

Phone: _____

Adult Small Adult Medium Adult Large Adult XL

In consideration of being allowed to participate in any way in the City of Blanding Athletics/Sports and related events and activities the undersigned:

1. Agree that prior to participation, they will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise the supervising authority of such conditions and refuse to participate. Agree that the parents or legal guardians will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participants believe anything is unsafe, they will immediately advise the supervising authority of such conditions.

2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, there may be other risks not known to us or reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Intending to be legally bound, do hereby release, waive, discharge and covenant not to sue the City of Blanding, their affiliated organizations, their respective administrators, officers, directors, agents, coaches and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "release" from any and all liability to each of the undersigned, his or her heirs and next of kin for any claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in any part by the negligence of the releasees or otherwise in connection with association or entry in and/or arising out of traveling to, participating in and returning from participation in programs.

5. In the event that a participant sustains injury while participating in City of Blanding programs, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf permission forms or other necessary medical documents and to act on my behalf if I am not immediately available to do so.

6. Further, I understand the City of Blanding does not provide accidental medical insurance coverage for participants while engaged in sponsored recreation programs. Securing appropriate medical insurance coverage is the responsibility of the participant or the participant's family.

Signature: _____

Date: _____

Name of parent: _____

Phone: _____