HOMEWOOD-FLOSSMOOR SWIM CLUB (HFSC), Inc.

HOMEWOOD FLOSSMOOR HIGH SCHOOL SWIMMERS
PRE/POST SEASON TRAINING PROGRAM

PLEASE FILL OUT ONE REGISTRATION FORM PER SWIMMER.

SWIMMER'S NAME_____
First Last Middle Initial

AGE_____ BIRTHDATE_____/_____/_____ MALE_____FEMALE_____

FATHER'S NAME: _____ MOTHER'S NAME _____

ADDRESS_____
Street City State Zip Code

HOME PHONE(_____)_____ CELL PHONE(_____)_____

E-MAIL ADDRESS_____

FEES
$175
(INCLUDES THE MANDATORY $60 USA SWIMMING ATHLETE REGISTRATION FEE)

LIABILITY AND WAIVER STATEMENTS

Please read the following liability and waiver statements. Then sign the acknowledgment.

LIABILITY STATEMENT. Parents or guardians of HFSC swimmer(s) are liable for any damage to property or injury to individuals caused by their swimmer(s) at the Homewood-Flossmoor High School or at any facility or venue the Homewood-Flossmoor Swim Club visits in any capacity.

WAIVER STATEMENT. As the parent or guardian of one or more participants in the swimming clinics and/or swimming season of the Homewood-Flossmoor Swim Club (HFSC), I realize and acknowledge that there exists possibilities of physical injury, and I agree to assume the full risk of any and all injuries, damages or losses which my swimmer(s) may sustain or receive as a result of participating in any and all activities connected with or associated with the HFSC. I agree to waive and relinquish any and all claims against the HFSC and its' officers, agents, servants and employees I, or my swimmer(s) may sustain or receive as a result of our participating in the HFSC program. I agree to waive and relinquish any and all claims against the HFSC and its' officers, agents servants and employees from injuries, damage or loss which may accrue to me, or my swimmer(s) as a result of our participation in the HFSC program. I further agree to indemnify and hold harmless and defend the HFSC and its' officers, agents, servants and employees from any and all claims sustained by me or my swimmer(s) arising out of, connected with, or in any way associated with the HFSC program.

ACKNOWLEDGMENT. I have read and fully understand the above liability and waiver statements. I fully understand all program details, including parent's or guardian's liability and parent's or guardian's waiver and release of all claims. I understand the responsibilities and risks involved in participating in the HFSC program.

Name of Swimmer(s)_____Date_____

Parent/Guardian Signature_____

HFSC officers only

*Date*_____ *Swimmer Fee*_____

Check No._____