

Dear Parents and Swimmers,

Welcome to the Hill City Swim Team! We are excited to kick off the 2021 Summer Swim Season! The Hill City Swim Team Board, as well as our experienced coaches, would like to encourage you to join and support the BEST Team in the LAL. If you have any questions, concerns, or suggestions, please contact any member of the HC Board. Go, Dolphins!

The HCST Board
hillcityswim@gmail.com

Hill City Swim Team Registration Form

Swimmer Name	Gender	Age as of 6/1/21	Birth Date	T-Shirt Size	Shirt/Cap Received

Mailing Address _____

Email (HCST Updates - add all emails for updates)

Mother _____ Phone # _____

Father _____ Phone# _____

Emergency Contact _____ Phone # _____

PHOTO WAIVER:

_____ I give permission for my swimmer's photograph to be used in the newsletter, website, or promotional material (names listed above)

_____ Please do not use my swimmer's photo in the newsletter, website or promotional material

Parent/Guardian Name Printed: _____

Parent/Guardian Signature and Date: _____

LIABILITY WAIVER and MEDICAL CONSENT:

I, the parent/guardian of the above-named child(ren), certify that all of the above information is correct. I hereby give my approval for my child’s/children’s participation as a swimmer on the Hill City Swim Team, and their participation in any and all Hill City Swim Team activities. I understand that swimming is an action sport carrying the risk of significant personal injury, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Hill City Swim Team, its Coaches, its Board of Directors, sponsors and volunteers while my child participates in practices and meets, of any claim arising out of any injury to my child(ren). Should an accident or injury occur, I hereby authorize the above named swimmer(s) to be treated by qualified medical personnel and/or be transported to an emergency medical facility.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature and Date: _____

COVID-19 Waiver:

The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation;

Parent/Guardian Name Printed: _____

Parent/Guardian Signature and Date: _____

REGISTRATION FEE: If you pay your fees at Registration (Sunday, May 2, 2021) or postmarked by May 1: \$110 for the 1st swimmer, \$80 for the 2nd swimmer, \$60 for the 3rd swimmer and \$50 each additional swimmer from the same family. \$65 employee swimmer. **Fees paid or postmarked AFTER May 1, 2021:** \$115 for the 1st swimmer, \$85 for the 2nd swimmer, \$65 for the 3rd swimmer and \$55 for each additional swimmer. \$70 for the employee swimmer. (Make checks payable to: **Hill City Swim Team**) Each swimmer will receive a 2021 HCST T-shirt AND *Silicone Swim Cap* included with swim team dues. ***Do not send to Hill City with your pool membership.***

Please complete one form per family and return with appropriate dues to:

**Michelle Wells
501 Mantle Dr.
Lynchburg, VA 24501
814.883.7051**