

Hill City Swim Team 2023 Registration Form

<u>Swimmer Name</u>	<u>Gender</u>	<u>Age of 6/1/23</u>	<u>Birth Date</u>	Will swimmer be on the Dolphin Training Team? (Yes/No)

Mailing Address _____

Email Address (for HCST Updates) _____

Mother's Name: _____

Phone Number: _____

Father's Name: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Fee Information

On or Before May 7, 2023:

1st Swimmer:	\$110
2nd Swimmer:	\$90
3rd Swimmer:	\$70
Each Additional Swimmer:	\$60
Hill City Pool or HCST Employee:	\$65

After May 7, 2023:

1st Swimmer:	\$115
2nd Swimmer:	\$95
3rd Swimmer:	\$75
Each Additional Swimmer:	\$65
Hill City Pool or HCST Employee:	\$70

Payment Information

Payment can be made by check or cash. Please make checks payable to HCST.

If mailing registration and payment, please send to:

Michelle Wells
501 Mantle Drive
Lynchburg, VA 24501

PHOTO WAIVER:

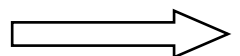
___ I give permission for my swimmer's photograph to be used in the newsletter, website, or promotional material

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

Parent/Guardian Name Printed: _____

Parent/Guardian Signature and Date: _____

Complete Back



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 Hill City Swim and Tennis Club, 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: _____

Hill City Code of Conduct

Swimmers:

- Respect your teammates, coaches, officials and opponents at all times.
- Give 100% effort at practice and meet.
- Support and encourage your teammates.
- Display good sportsmanship at all times on and off the pool deck.
- Listen to and learn from your coaches.
- Be modest in victory and gracious in defeat.
- Have fun!

Swimmer(s) Signature _____

Parents:

- Teach and practice good sportsmanship at all meets and practices. You are role models!
- Respect the sport. Respect the officials. Respect the coaches. Respect other parents.
- Do not coach your child. Let swimmers swim and coaches coach, and support both positively.
- NEVER criticize other swimmers, coaches or officials regardless of the circumstances.
- Emphasize the FUN of the sport and the benefits of training, competing and putting forth effort at all times. Do not emphasize beating another swimmer.
- Be an active member of the team by volunteering regularly.

Signature _____ Date _____

Printed Name _____