

Tualatin Hills Synchro Club Annual Registration Information

Athlete's Info
Name:
Date of Birth:
School and Grade
e-mail Address:
Home Address:
Home Phone#: - -

Parents'/Guardian Info
Mother's Name:
Mother's Phone#: Home: - -
Work*: - - Cell*: - -
Mother's e-mail Address:
Home Address:
Father's Name
Father's Phone#: Home: - -
Work*: - - Cell*: - -
Father's e-mail Address:
Home Address:
<small>*This number will be called only in an emergency</small>

Emergency Contacts (Two, Please)
Name:
Relationship: Phone#: - -
Name:
Relationship: Phone#: - -

Medical Information
Physician Name & Phone#: - -
Dentist Name & Phone#: - -
Medical conditions (allergies, chronic illness, prior surgeries, regular medications, broken bones, etc.)
Insurance Company Name & Plan:
Insured Employee:
Insurance ID/Group No.
Employer Name:
Secondary Insurance:

Sponsorship Info
Your Name:
Employer's Name:
Employer's Address:
Contact Name:
Contact Phone#: - -
e-mail Address:
Does your employer currently sponsor local sports teams? Yes [] No []
Do you prefer to be contacted before THSC contacts your employer regarding sponsorship? Yes [] No []
Please provide the same information for each employer in your family, on the form provided.

Emergency Treatment Authorization	
<p>As parent or legal guardian of the minor child, _____, described above, I authorize the Tualatin Hills Synchro Club (THSC), or adults delegated by THSC, to seek appropriate care and authorize the necessary consents for any medical treatments, at my expense, in the event of an emergency when no parent or guardian can be reached within a reasonable and safe period of time.</p>	
Signature of Parent/Guardian:	Date:
Signature of Witness:	Date:

Tualatin Hills Synchro Club Waiver and Release of Liability Form

In consideration of being allowed to participate as a member in the Tualatin Hills Synchro Club (THSC), and in its related athletic sports events, activities, and programs, the undersigned:

1. Agrees that the swimmer, the parent, or the legal guardian will communicate that the swimmer should always inspect the facilities and equipment to be used, and if the swimmer believes anything is unsafe, the swimmer should immediately advise her/his coach or the facility supervisor of such condition(s) and refuse to participate.

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

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

4. I release, waive, discharge, and covenant not to sue THSC, its board members, its coaches, related sponsoring synchronized swim agencies, volunteers of THSC, employees, agents, owners and lessors of premises used to conduct our activities, or Tualatin Hills Park and Recreation District, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, her/his heirs and next of kin for any and all 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 part by the negligence of the releasees or otherwise. Essentially, in the event of injury, the athlete will be responsible for her/his own medical expenses.

5. I consent to allow my photo, or my minor child's, to appear in documentary and promotional shots used for THSC in club bulletin boards, web sites, posters, and other THSC and sport promotions. No last names are printed, unless we are publicizing a specific accomplishment, or meet performance.

I/We have read the above waiver and release form completely. I/We understand the I/We give up substantial rights by signing this document and sign this document voluntarily.

This Waiver must be signed before any athlete may swim with THSC.

Swimmer's Name (Print):

Swimmer's Signature:

Parent/Guardian Signature:

Date:

Witness' Signature: