

SWIMMERS' INFORMATION				
Last:		First:		MI:
Age:	DOB:	Gender:	Weight:	
Status of Immunizations:		Drug Allergies:		
Chronic conditions and or illness: (e.g. Seizures, Allergies, Sting, Diabetes, Asthma, etc.)?		Regular medications?		
YES	NO	YES	NO	
Please list if Yes:		Please list if Yes:		
Last:		First:		MI:
Age:	DOB:	Gender:	Weight:	
Status of Immunizations:		Drug Allergies:		
Chronic conditions and or illness: (e.g. Seizures, Allergies, Sting, Diabetes, Asthma, etc.)?		Regular medications?		
YES	NO	YES	NO	
Please list if Yes:		Please list if Yes:		
PARENTS' / LEGAL GUARDIAN INFORMATION				
Mother's Name:		Father's Name:		
Mother's Address:		Father's Address:		
Mother's Cell Phone:		Father's Cell Phone:		
Mother's Home Phone:		Father's Home Phone:		
Mother's Email Address:		Father's Email Address:		
PHYSICIAN'S INFORMATION				
Physician's Name:		Physician's Phone:		
MEDICAL INSURANCE INFORMATION				
Medical Insurance Provider:		Policy #:		
EMERGENCY CONTACTS (If parents cannot be reached)				
Name:	Phone:	Relationship:		
Name:	Phone:	Relationship:		

ADDITIONAL SWIMMER(S) FORMS ATTACHED? YES OR NO

MEDICAL/HEALTH PROBLEMS:

PARENT/GUARDIAN CONSENT AND UNDERSTANDING

A representative of the Dahlgren Sharks has my permission to seek emergency medical aid for my child(ren) as listed on this form in the event that I cannot be contacted.

All medical insurance covering the child(ren) must be provided by parent(s) or guardian(s).

Participation in the RSL insurance program is mandatory, and all associated costs are included in membership fees.

All fees of membership for the Dahlgren Sharks are required on or before the first day of the child(ren)'s practice.

To the best of my knowledge all information on this form is complete and accurate. I will not hold Dahlgren Sharks, the YMCA, or the coaches responsible in case of accident or injury as a result of participation in this program. I understand the risks involved with this activity and know that my children are physically able to participate in this program.

I hereby give my consent and approval for my child(ren) to participate in this activity.

Name of Child(ren) participating:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent / Legal Guardian Signature and Date

WAIVER/RELEASE OF LIABILITY

The enrolled participant and the parent/guardian of the participant (if the participant is under the age of 18), agree and understand that swimming is a HIGH RISK ACTIVITY. I recognize that there are risks inherent in the sport of swimming, which could result in (but not limited too) paralyzing injuries and death.

The participant hereby agrees to participate in the Rappahannock Swim League program and hereby agrees to indemnify and hold harmless the Rappahannock Swim League, Inc., its coaches, officers, directors, agents, volunteers, and employees, including its swim team and their respective coaches, officers, directors, agents, volunteers and employees against any liability resulting in injury that may occur to the participant while participating in the Rappahannock Swim League program. The participant also agree to indemnify the Rappahannock Swim League Swim League Inc., and the Dahlgren Sharks Swim Team from any liabilities, demands, claims, or law suits arising from the actions or inactions of the participant.

The participant and the parent/guardian of the participant authorize any representative of the Rappahannock Swim League, Inc. or the Dahlgren Sharks Swim Team to have the participant treated in any medical emergency during their participation in the Rappahannock Swim League Program. Further, the participant and the parent/guardian agree to pay all the costs associated with medical care and transportation of the participant.

I have noted below any medical/health problems of which the staff should be aware.

SWIMMER #1 NAME: _____

SWIMMER #2 NAME: _____

SWIMMER #3 NAME: _____

SWIMMER #4 NAME: _____

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT
WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Medical/Health Conditions: _____

ELECTRONIC COMMUNICATIONS AND SOCIAL MEDIA POLICY

As part of Dahlgren Sharks emphasis on athlete safety, all electronic communications between a coach and athlete must be professional in nature and for the purpose of communicating information about team activities.

As with any communication, the content of any electronic communication should be readily available to share with the athlete's family. At the request of a parent or guardian, any email, electronic text, social media or similar communication will copy or include the athlete's parents or guardians.

FACEBOOK, BLOGS AND SIMILAR SITES

Coaches may not have athletes of Dahlgren Sharks join a personal social media page. Athlete members and parents can view the official Shark's Team page and coaches can communicate to athlete members through the site. All posts, messages, texts, or media of any kind between coach and athlete must be professional in nature and for the purpose of communicating information about team activities or for team-oriented motivational purposes.

TWITTER, INSTANT MESSAGING AND SIMILAR MEDIA

These are not appropriate communications between Dahlgren Sharks Coaches and Athletes.

EMAIL AND SIMILAR ELECTRONIC COMMUNICATIONS

Athletes and coaches may use email to communicate. All email content between coach and athlete must be professional in nature and for the purpose of communicating information about team activities. Any email sent to individual assistant coaches will be forwarded to the Dahlgren Sharks board, where the coach is a staff member and/or volunteer.

TEXTING AND SIMILAR ELECTRONIC COMMUNICATIONS

Texting is discouraged between coaches and athletes and should be used only in an emergency.

ELECTRONIC IMAGERY

From time to time, digital photos, videos of practice or competition, and other publicly obtainable images of the athlete – individually or in groups – may be taken. These photos and/or videos may be submitted to local, state or national publications, used in club videos, posted on club or club associated websites, or offered to the club families seasonally on disc or other electronic form. It is the default policy of Dahlgren Sharks to allow such practices as long as the athlete or athletes are in public view and such imagery is both appropriate and in the best interest of the athlete and the club.

REQUEST TO DISCONTINUE ALL ELECTRONIC COMMUNICATIONS OR IMAGERY

The parents or guardians of an athlete may request in writing that their child not be contacted by any form of electronic communication by coaches (photography or videography).

MISCONDUCT

Social media and electronic communications can also be used to commit misconduct (e.g., emotional, sexual, bullying, harassment, and hazing). Such communications by coaches, staff, volunteers, administrators, officials, parents or athletes will not be tolerated and are considered violations of USA Swimming Code of Conduct.

VIOLATIONS

Violations of Dahlgren Sharks' Electronic Communications and Social Media Policy should be reported to a coach or the board.

Parent / Legal Guardian Signature and Date

Swim Meet Volunteering

Swim meets require many parent volunteers to assist in the preparation, running, and cleaning up. Each family is asked to have one adult participate in an assignment at each meet. We realize that you may not have a swim background, but there are tasks that are essential that require little swim knowledge. Some tasks do require training, and we have a core of experienced people ready to offer you an opportunity to learn. Key positions require attendance at one formal clinic offered by the RSL. These clinics are held in the Fredericksburg area. Positions which require formal training are marked with an asterisk.

I understand and acknowledge that my family will provide a swim meet volunteer for at least 6 times during the course of the season.

Parent / Legal Guardian Signature and Date

YMCA Membership

All members (swimmers) of the Sharks must become members of the YMCA.

If your swimmer(s) is/are already a member of the YMCA, you do not need to do anything additional.

If your swimmer(s) is/are NOT already a member of the YMCA, application for membership will be required. Following are the discounted rates provided by the YMCA to the Sharks swimmers:

- \$12.50 per month for one child (June and July)
- \$18.75 per month for two children (June and July)
- \$25.00 per month for three or more children (June and July)

To apply for membership, please see the YMCA staff at the front desk.

Parent / Legal Guardian Signature and Date

2023 Rappahannock Swim League, inc
RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in the sport of swimming, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence **Rappahannock Swim League, inc** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that the sport of swimming involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death as a result of drowning or brain damage caused by near drowning; broken bones, torn ligaments or strains as a result of falls on the deck or from a diving board; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature Print Name _____ Address _____ City _____

State _____ Zip _____ Telephone (____) _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor. (Parent or Guardian Print Name _____ Date _____ (If notarization is necessary, please sign & stamp this side of form.)

2023 Sharks - Payment Sheet

Swimmer Fees:

1st Child \$155
 2nd Child \$130
 3rd Child \$105
 4th Child \$85
 5th Child (or more) \$60 each

Swimmer/Registration Fees Total:

Additional Gear Total:
 (total from separate gear order form)

Processing fee (credit cards only - 3%)

Total Due:

TOTAL COLLECTED:

(Cash ____ Credit Card ____ Check # ____)

Swimmer(s) Name(s) and T-Shirt size:

Name	T-Shirt Size (circle size)				
	Youth:	Small	Medium	Large	X-Large
	Adult:	Small	Medium	Large	X-Large
	Youth:	Small	Medium	Large	X-Large
	Adult:	Small	Medium	Large	X-Large
	Youth:	Small	Medium	Large	X-Large
	Adult:	Small	Medium	Large	X-Large
	Youth:	Small	Medium	Large	X-Large
	Adult:	Small	Medium	Large	X-Large

Parent(s) / Legal Guardian Name(s):
