

**CITY OF MINERAL WELLS
PARKS AND RECREATION DEPARTMENT
2021 SWIM TEAM
REGISTRATION FORM**

Participant's Name: _____

Street Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

E-mail address: _____

Age: _____ Date of Birth: ____/____/____

Guardian's Name(s): _____

Guardian's daytime phone number(s): _____

T-Shirt Size: _____ (Adult medium, youth large, for example)

The undersigned hereby acknowledge that participation in swim team involves an inherent risk of physical injury or death and the by the execution of this release hereby assumes all such risk both individually and on behalf of the participating child.

The undersigned hereby acknowledge that participation in swim team involves an inherent risk of physical injury or death and by the execution of this release hereby assume all such risk. The undersigned agrees and do hereby release and forever discharge the City of Mineral Wells, the Texas Amateur Athletic Federation (T.A.A.F.) and the officers, agents, coaches and employees from either organization from any and all claims, demands, rights and causes of action of whatever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damages to property, and the consequences thereof, resulting in the participating child's participation in swimming lessons. The undersigned do further understand that the acceptance of this release and waiver of liability by the City of Mineral Wells shall not constitute nor be construed as a waiver, in whole or in part, of sovereign or official immunity of the City, it's officers, agents, instructors and employees. Also, I realize that the Mineral Wells Swim Team is a part of a competition of swimming and I certify that my child has acquired the necessary swimming skills required to be entered in a swimming competition.

Participant or Guardian's Signature (if underage) Date

Does the child have any medical problems that could arise or occur? If so, list below:

If the guardian(s) listed above cannot be reached in case of medical emergency; please list the name and phone number of someone to call in that case.

A fee of \$80.00 should be included with this form.

Receipt # _____ P.A.R.D. Representative's Initials _____