

CITY OF MINERAL WELLS
PARKS AND RECREATION DEPARTMENT
2023 SWIM TEAM

REGISTRATION FORM



Participant's Name: _____

Street Address: _____ City: _____

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

E-mail address: _____

Age (as of 6/01/22): _____ Date of Birth: ____/____/____

IMPORTANT! Your child will be placed in the age group based on their age as of June 1, 2017: 6 and under, 8 and under, 9-10, 11-12, 13-14, 15-17, 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-70 and beyond in 5-year increments. No participant may change or swim in another age classification.

Please circle T-shirt size: (Youth Sm) (Youth Med) (Youth Lg) (Adult Sm) (Adult Med) (Adult Lg) (Adult XL)

Guardian's Name(s): _____

Guardian's daytime phone number(s): _____

In consideration for my child being permitted to compete, I as legal guardian and on behalf of my heirs, executors and administrators, waive and release any and all rights for claims that I may have, or might arise against the City of Mineral Wells or the City of Weatherford, the Texas Amateur Athletic Federation, the team and its coaches and agents or representatives of all of the above entities for all injuries or losses sustained by me or my child while competing in or in connection with practice or swim meets. I understand that I have the right to withhold my child's participation in any conditions that appear to be unsafe.

I ("Participant") do hereby voluntarily submit my application to compete and in consideration of being allowed to participate in any Texas Amateur Athletic Federation ("T.A.A.F.") sanctioned competition (the "Competition"), do hereby grant to T.A.A.F. the right to record, broadcast and otherwise exploit in any and all media throughout the world my performance in the Competition and to use my name, likeness, voice and biographical information concerning me in connection therewith.

I assume all risks associated with my participation in the Competition and I do hereby, on behalf of myself and my heirs, executors, administrators, successors and assigns, in consideration of being allowed to participate, waive all claims against and release and agree to hold harmless T.A.A.F., the sponsors of the T.A.A.F. competition (the "Sponsors"), the venue owner (the "Owner") and the host city (the "Host"), and their respective directors, officers, agents, employees, successors and assigns, and all those in any way connected with the running and management of the Competition, from and against any and all damages, liabilities, actions, causes of actions, losses, costs, expenses, claims and demands arising out of or in connection with my participation, including without limitation, death, any personal injuries or loss of, damage to or loss of use of property, which I may incur as a result of my participation, including any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence on the part of T.A.A.F., a Sponsor, an Owner and/or the Host.

I am fully aware of my personal physical and medical condition, and hereby acknowledge that I am physically fit to compete in the Competition. I am prepared to follow the rules governing the Competition in a safe and disciplined fashion. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. (If not, parent or guardian must sign.)

Participant or Guardian's Signature (if underage)

Date

Does the participant 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 \$100.00 should be included with this form (\$95.00 for each additional family member).

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