

Cannon Pool Swim Team Registration

8251 Peachtree Ave | Rockford, MI 49341 | cannonpool.org/team

Summer 2017

Parent / Guardian Name: _____

Address: _____ City/State/Zip: _____

Preferred Phone Number: _____ Email: _____

Registration Fees: **\$25 Pool Member**/Name on Account _____ **\$125 Non-member** _____

Child Name _____ Age as of June 1 _____ \$ _____

Child Name _____ Age as of June 1 _____ \$ _____

Child Name _____ Age as of June 1 _____ \$ _____

Child Name _____ Age as of June 1 _____ \$ _____

Total \$ _____

Cash or Check payable to Cannon Pool

Please list any allergies, medical issues or concerns that the Cannon Pool staff should be made aware:

Cannon Pool organization, its officials, directors, agents, employees, instructors, volunteers and representatives, are not responsible for injury, loss or damage of any kind sustained by persons using the Cannon swimming pool amenities. Warning: There are obvious known dangers inherent in swimming activities that may lead to injury or possible death. Therefore, we agree to become familiar with the Cannon pool rules and abide by them. With our consideration and participation on the Cannon Pool swim team, I agree to voluntarily assume all risk of accident, damage and liability of any kind that may result from participation. I hereby affirm that my child/ren is/are in reasonably good health and participation on the swim team may not adversely affect his/her/their health.

In the event of an emergency, every effort will be made to contact the parent, guardian or emergency contact. If no contact can be made, I authorized Cannon Pool staff to seek emergency treatment for my minor or dependent child.

I have read this agreement and understand that it is a waiver of liability and am signing it of my own free will.

Parent or Guardian signature: _____ Date: _____

Rec'd Cash or Check # _____ Date _____ Amount _____ Receipt _____