



Forms **MUST** be filled in and returned by **May 23, 2017**.

Aberdeen Rays Swim Team Registration Form

*(Please complete a separate Registration Form for **each** participating child)*

All fields must be completed.

Athlete Information:

Today's Date: _____

Last: _____ First: _____ Middle: _____

Preferred Name: _____ Birth Date: _____ Age: _____ Gender (M / F)

Swimmer's first & last names to be listed on participant trophy: _____

Contact Information:

Father's Last Name: _____ First Name: _____

Mother's Last Name: _____ First Name: _____

Mailing Address: _____ Zip: _____

Home Phone # _____ Preferred Email Address: _____

Father's Phone: _____ Mother's Phone: _____

Please:

1. Sign "Acknowledgement of Risks" & "Medical Treatment Consent" statements below.
2. Complete each swimmer's "Participant Order Form".
3. **Please submit payment** for the registration, t-shirts, etc payable to "**Aberdeen Rays**"
(**check or money order payable to Aberdeen Rays**) see reverse side for Order/payment Form).

ACKNOWLEDGEMENT OF RISKS AND HAZARDS:

"I understand that participation in activities such as **competitive swimming** may involve the RISKS of SERIOUS INJURY OR DEATH. I also understand that by permitting my child or ward to participate on the Aberdeen Rays Swim Team, he or she is subject to the above risks, and that I am fully responsible for any costs incurred as a result of illness and/or injury from such participation."

Parent/Guardian Medical Treatment Consent:

To: Whatever Medical Authority or Responsible Party It May Concern

"In the event that you are unable, after reasonable effort, to obtain parental consent, then please perform any and all medical treatment requested or needed by my child or children named above. Such treatment should result from the exercise of your best professional judgment under the circumstances.

I hereby consent in advance to such treatment and agree to hold Vesta Property Services, Aquatics Services Group, Inc., the Community Development Districts, and their staff harmless for any action or claim based upon lack of parental consent that may arise in connection with such treatment. I also authorize such staff to select a medical doctor and/or hospital for the purpose of diagnosis and/or treatment of the above-named minor(s). I have listed below all known precautions (such as diabetes, asthma, heart condition, allergies, etc.) as well as any other relevant medical information for my child or children. "

Last Tetanus Shot: _____ Precautions/Chronic Illnesses: _____

Allergies/Other Medical Information: _____

Parent's Signature: _____ Date: _____



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Participant Order Form

Swimmer's Name: _____

Optional Items: Quantity and shirt size **MUST** be indicated on form to receive items.

Parent T-Shirt: Sizes Available: Adult Small - Adult 2XL (\$10 each)

Tank Tops Available: Sizes Available: Youth Small - Adult 2XL (\$12 each – not included)

<u>Size</u>	<u>Unit Cost</u>		<u>Qty</u>	=	<u>Total</u>
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____

No-Charge Items (Included with Team Registration Fee): Shirt sizes **MUST** be indicated on form to receive items.

- All Swimmers:
 - **Team T-Shirt** (circle one):
 - Youth Sizes: Youth Small; Youth Medium; Youth Large
 - Adult Sizes: Adult Small ; Adult Medium; Adult Large
 - **Rays Swim Cap**

Fees (All Prices INCLUDE Sales Tax ** All Items are Non-Refundable)

\$_____ **Team Registration Fee** (Includes League registration of \$20 person)=

EX: \$250/first child, \$230/2nd child, \$215/3rd child, etc.

\$_____ Rays Parent(s) T-Shirt (Optional): \$10.00 each

\$ **FREE** Rays Team T-Shirt (included)

\$ **FREE** Rays Team Bathing Cap: (included)

\$ **FREE** Rays Team Swim Suit: (\$50 value – This will be waived if previous year suit is able to be worn)

\$_____ **Total Fee per child**

Payment: Check or Money Order Payable to: Aberdeen Rays

Check # _____ **OR Money Order #** _____

Date: _____

FCSSL Swimmer Eligibility Rule Form

To be eligible to compete in the First Coast Summer Swim League (FCSSL): a swimmer must not compete in any other league, for any other team or unattached, during the FCSSL season which is June 1 of the current year through Championships. If a swimmer chooses to compete in another league other than FCSSL they will swim in exhibition and their times will not be counted.

Swimmer Responsibilities:

- You must have turned in to the Team Coach or Team Representative this **signed**
- Eligibility Rule Form by June 1 of the current year, declaring that you know this rule and will abide by these rules.
- Check with your Team Coach and Team Representative, ensuring your age is recorded correctly and up to date as of June 1 of the current year.
- To compete in Championships, swimmers must compete in one fourth of your team's meets prior to Championship meet.
- A League Fee per swimmer will be required and turned into your Team Coach or Team Representative prior June 1 of the current year.

By signing below, I am agreeing to the agreed terms and responsibilities listed above for the current FCSSL season and will abide by the consequences if found to be in violation.

Swimmer's Printed Name

Swimmer's or Guardian's Signature

Team Name

Date

**Exhibit C
Waiver and Release**

I, _____, on behalf of myself, my personal representatives, my minor children and my heirs hereby voluntarily agree to indemnify, defend, release, hold harmless, and forever discharge the Aberdeen Community Development District (the "District"), and its present, former, and future supervisors, staff, officers, employees, representatives, agents and contractors from any and all liability, claims, lawsuits, actions, suits or demands, whether known or unknown, in law or equity, for any and all loss, injury, damage, theft, real or personal property damage, expenses (including attorney's fees, costs and other expenses for investigation and defense and in connection with, among other proceedings, alternative dispute resolution, trial court, and appellate proceedings), and harm of any kind or nature arising out of, or in connection with, my children's and my guests' use of the facilities and lands owned by the District in connection with the Aberdeen Rays Swim Team, including any and all on-site or off-site activities related to the Aberdeen Rays Swim Team, and any transportation to and from such activities. I expressly acknowledge that I assume all risk for any and all injuries and illness that may result from my, my children's and my guests' participation in any and all of these activities, including but not limited to any injuries sustained by me, my children and my guests. Without limiting the foregoing, I hereby acknowledge and agree that the District will not in any way supervise or oversee the activities occurring on the District's property in connection with the Aberdeen Rays Swim Team. This Waiver and Release is binding upon me, my children, my guests, my heirs, executors, legal representatives, and successors. The provisions of this Waiver and Release will continue in full force and effect even after the conclusion of my use of the District's property. The provisions of this waiver of liability may be waived, altered or amended or repealed, in whole or in part, only upon the prior written consent of the District.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the State of Florida. I further understand that nothing in this waiver and release shall constitute or be construed as a waiver of the District's limitations on liability contained in section 768.28, Florida Statutes or other statute or law. I agree that if any portion of this waiver and release is deemed invalid, that the remainder will remain in full force and effect.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT AND FURTHER UNDERSTAND THAT BY SIGNING THIS DOCUMENT THAT I AM WAIVING CERTAIN LEGAL RIGHTS AND REMEDIES. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT BY SIGNING BELOW, SUCH WAIVER AND RELEASE, INCLUDING ALL OF THE TERMS IN THE PRECEDING PARAGRAPHS, SHALL APPLY EACH AND EVERY TIME I, MY CHILD OR MY GUEST UTILIZE THE DISTRICT'S FACILITIES OR LANDS.

Name

Mailing Address

Signature

Telephone Number

Date