Bearden Middle 2021-2022 Club Swim Team

An athlete cannot swim/practice unless all permission forms have been signed by a parent or legal guardian. In order to obtain the proper insurance, all forms must be received by September 22, 2021. Practices will be held at the UT Student Aquatic Center (SAC) on Monday and Wednesday from 7:00-8:30pm beginning Tuesday, September 22. We are scheduled to have four meets this season - 3 dual/tri meets and the KMSSL Championship Meet. Please bring ALL forms and a \$175 check made payable to BMS Swim Team to the first practice/parent meeting or mail them to: Kelli Harper - 5519 Cove Island Rd . Knoxville, TN 37919. If your child participates in year round swim and will go to 4 or fewer practices the price will be \$100. If you have multiple swimmers you may deduct \$10 per additional child. Swim team is a wonderful opportunity to gain confidence in swimming ability and improve stroke technique. All swimmers must be able to swim the 25m distance of the pool without stopping and holding onto the rope or side of the pool.

Swimmer's Name:	Grade:
Birthdate:	Gender: Male or Female
Any special health problems or medications:	
Name of Parent(s) or Legal Guardian:	
Address:	
Home Phone:	_ Cell phone:
Emergency Contact / Phone:	
Email:	
What date will you start practice:	
TSHIRT SIZE (included): ALL ADULT SIZES	SM LXLXXL
Extra TShirts & Possible other gear will be avai	lable for purchase at a later date.
PAID FEE (see above for fees) Check Number_	/ Cash Amt Pd
BMS SWIM TEAM is a club sport that is completely se	If-supporting. The fee includes coaches stipend,

lane rentals, caps, t-shirts, meet entry fee, facilities rentals for meets, & insurance.

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Child's Name:

PARTICIPATION RELEASE: I, the parent of the registrant listed above, a minor, agree that the registrant and I will abide by the rules of MISL, Bearden Middle Swim Team and its affiliated organizations and sponsors Recognizing the possibility of physical injury that could occur during a swim meet or practice session and travel due to vehicle accident or other unforeseen accidents, I hereby release, discharge and/or otherwise indemnify MISL, the Bearden Middle Swim Team, its affiliated organizations, sponsors, and associated personnel including owners of pools and facilities utilized by the swim program against any claim by or on behalf of the registrant or their family as a result of the registrant's participation in the swim program and/or being transported to or from the same, which transportation I hereby authorize by the signing of this release.

ELECTRONIC MEDIA RELEASE: I hereby give Bearden Middle Swim Team full, unrestricted authorization to allow my minor child, identified below, to appear in still and motion pictures for publication and broadcast on electronic media.

CONSENT FOR EMERGENCY MEDICAL CARE: I, the parent/guardian of the registrant, a minor, give my permission to any adult officially representing MISL or the Bearden Middle Swim Team to obtain emergency medical treatment of the registrant in the event of an accident resulting in personal injury requiring such treatment.

Insurance Carrier	r
Policy Number: _	
Group Number: _	

LIABILITY WAIVER:

My child, ______, has permission to participate on the Bearden Middle Swim Team. I know of no medical condition that he/she has that would prevent participation. I release the school, faculty, staff, coaches, volunteers and anyone associated with the Bearden Middle Swim Team and MISL from ANY liability during my child's participation.

Parent or Legal Guardian	(PRINT)
Parent or Legal Guardian	(Signature & date)