

Bearden Middle 2019-2020 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 10, 2019. Practices will be held at the Allan Jones Aquatic Center on UT's Campus on Tuesday and Thursday from 7-8:30pm, beginning Tuesday September 10, 2019. Dual/Tri Meet dates will be available as soon as they are scheduled. They are usually held on Sunday afternoons/evenings. KMSSL Championship Meet will be on January 26, 2020. Please bring ALL forms and a \$175 check made payable to BMS Swim Team to the first practice/parent meeting or mail them to: Shannon Schupp 1703 Cottage Wood Way 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^{[[SEP]]}

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 S ___ M ___ L ___ XL ___ XXL ___

Extra TShirts & Possible other gear will be available 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 self-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 _____

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)