

Session _____

Last Name _____

OXFORD ATHLETIC CLUB

Swim Team Registration

\$110 for first child \$60 for second & 40 additional children

Swimmer's Name _____

Birth Date _____ **Age** _____

Parent's Name _____

Address _____

Phone # H _____ **cell** _____

E-mail address _____

*E-mail is the primary means for communication. Please provide address. Print clearly.

Swim Team Directory

_____ Yes, I would like to be included in the swim team directory.

_____ No, I do not want to be included in the swim team directory.

Emergency Contact _____

Phone # _____

Allergies _____

Medications _____

Method of payment _____ **Member #** _____

Swimmer's goals for season

Parent's goals for season



OXFORD ATHLETIC CLUB

Youth Activity Consent Form

I, as the parent of _____ hereby give my consent for _____ to participate in Swim Team.

I, as the parent or guardian of _____ understand that reasonable precautions are taken to ensure that all programs and activities are conducted by qualified personnel in a safe and reasonable manner. I further understand that swimmers may be exposed to potential hazards and risks in youth fitness activities while otherwise on Oxford Athletic Club property. The Oxford Athletic Club practices safety first, always and everywhere. However, the Club is not responsible for accidents and/or illnesses, except for those caused by gross negligence of the Club and/or its employees. (Initial_____)

I, as the parent or guardian of the above named child, hereby accept full responsibility for all risks, known and unknown, and hereby assume the risk of accident, injury, or illness and/or property damage. I understand that it is my responsibility to provide proper medical care for my child and I certify that my child is covered by proper medical insurance. (Initial_____)

In the event that medical treatment is required for my child, the Club will attempt to contact me at the emergency contact numbers provided. However, if the Club is not able to contact me, I give permission to Oxford Athletic Club to authorize any action, including medical care, to insure the safety of my child. (Initial_____)

I, as the parent or guardian of the above named child, individually, and on behalf of the child, waive my/our right(s) to sue, or otherwise make any claim whatsoever against the Oxford Athletic Club, its officers, employees, agents, and/or affiliates for any injury, illness, or property damage, however caused, including, but not limited to, participation in youth fitness activities, travel to and from the location, and/or use of any Oxford Athletic Club property. I understand that I am waving all claims against Oxford Athletic Club or one or more of its officers, directors, employees, agents, or sponsors. (Initial_____)

I, as the parent or guardian of the above named child, individually, and on behalf of the child, grant my permission for the Oxford Athletic Club to use any photographs or videos taken of my child during the youth fitness activities for promotional purposes. (Initial_____)

I certify that I am the parent or guardian of the minor child whose name is listed above and that I am authorized to sign this agreement. I further certify that I have read this Youth Activity Consent Form and that I understand its contents. In consideration for the child's participation in Oxford Athletic Club activities, I accept full responsibility for any and all damage or injury.

Signature of Parent/Guardian _____

Date _____