



New Richmond Area Tiger Sharks (NRATS)

Level: _____
(office use only)

Registration, Medical Information, and Waiver Form

Swimmer's Name: _____ Date of Birth: ___/___/___ Gender: _____
(Please Print) (First) (MI) (Last)

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name(s): _____ Home Phone: _____

Work Phone: _____ (Name: _____) Cell Phone: _____ (Name: _____)

Email: _____

My information can be shared on the team roster: Yes No

I grant permission to NRATS to use photos of my child for promotional purposes except NRATS website: Yes No

I grant permission to NRATS to post photos of my child on the NRATS website: Yes No

Medical Information

Allergies Medications/Foods: _____

Medications to be taken: _____

Other Health Conditions/Concerns: _____

Family Doctor/Hospital: _____ Phone: _____

If necessary, who should be contacted if parents/guardians are not available?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Waiver Section

In consideration of my or my child's participation on the New Richmond Area Tiger Shark's swim team:

1. I agree to assume the risk of serious injury incidental to such participation, including permanent disability and death, and severe social and economic losses which might result not only from my or my child's own actions, inactions or negligence by the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for my or my child's personal damages following my or my child's injury, permanent disability or death.
3. On my own or my child's behalf, and on the behalf of my or my child's heirs, executors and administrators, release and forever discharge the released parties defined below of and form all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child's participation in and/or out of my or my child's travel to, participation in and returning from participation in swim related activities. The released parties are New Richmond Area Tiger Sharks, New Richmond Centre, MN Swim and USA Swim, and the officers, directors, employees, directors, employees, agents, representatives, successors and assigns of each of the foregoing entities.
4. I further authorize any emergency first aid, medication or medical treatment for myself or my child, at my cost, if the need arises.
5. I hereby consent to allow my or my child's picture (unless noted otherwise above) or likeness to appear in any advertising, publicity, or promotional purposes or for any other purposes whatsoever, without compensation, reservation or limitation.

I, THE UNDERSIGNED, HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY. I HAVE READ THIS RELEASE.

Parent or Guardian Signature
(If Participant is Under Age 18)

Participant's Signature
(If Age 18 or Older)

(Date)