

\$80 for EACH swimmer

Email address _____

2010 REGISTRATION FORM

Richmond Metropolitan Aquatic League (RMAL)

And Brighton Green Community Association

SWIMMER'S NAME:

LAST

FIRST

MIDDLE

ADDRESS:

No. & Street

City

State

Zip

Date of Birth:

SWIMMER'S NAME:

LAST

FIRST

MIDDLE

Date of Birth:

SWIMMER'S NAME:

LAST

FIRST

MIDDLE

Date of Birth:

SWIMMER'S NAME:

LAST

FIRST

MIDDLE

Date of Birth:

If swimmer swims year-round for a USA Swimming team, enter team: _____

If swimmer swam for a different summer team last year, enter team: _____

MEDICAL INFORMATION AND WAIVER

Swimmer's known medical conditions, allergies, etc.: _____

Insurance Co.: _____ Policy No.: _____

Family Physician: _____ Phone No.: _____

Name of responsible individual to be reached in event of an emergency:

_____ Phone: (H) () (W) ()

I, the undersigned parent/guardian hereby give my permission to the acting representative(s) of Richmond Metropolitan Aquatic League or **Brighton Green Community Association** to provide or obtain any first aid, medical treatment, or service deemed necessary for my child in the event of an accident, injury, or illness, when I am not available. I indemnify and hold harmless such representative(s) individually, RMAL and **Brighton Green Community Association** and their officers, directors, coaches, officials, employees, or agents from any and all costs and/or liability arising from such treatment. **A non-parent cannot legally sign this waiver for other people's children. It must be signed by a parent/legal guardian.**

_____ Date

_____ Parent/Guardian Signature

Tshirt size (Youth M,L,XL, Adult S,M,L,XL)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Richmond Metropolitan Aquatic League (RMAL)
And Brighton Green Community Association

WAIVER OF LIABILITY

SWIMMER'S NAME:			
	LAST	FIRST	MIDDLE
ADDRESS:			
	No. & Street	City	State
			Zip
Date of Birth:			
SWIMMER'S NAME:			
	LAST	FIRST	MIDDLE
Date of Birth:			
SWIMMER'S NAME:			
	LAST	FIRST	MIDDLE
Date of Birth:			
SWIMMER'S NAME:			
	LAST	FIRST	MIDDLE
Date of Birth:			

The undersigned, as parent or legal guardian of the above-named swimmer(s) ("Swimmer(s)"), hereby gives permission for Swimmer(s) to participate in the aquatics program sponsored by RMAL and **Brighton Green Community Association**. It is understood that RMAL is a nonprofit, volunteer organization which sponsors this program as a community service. Accordingly, the undersigned **HEREBY EXPRESSLY AGREES** to release, hold harmless, and waive all claims against RMAL, **Brighton Green Community Association**, and the officers, directors, coaches, officials, employees, agents, of either entity (collectively, the "Sponsors") from any and all liability for any injury, illness, death, or property damage sustained by, or caused by Swimmer, whether arising from the negligence of the Sponsors or otherwise, while attending, participating in, or traveling to or from Sponsors-sanctioned activities. **A non-parent cannot legally sign this waiver for other people's children. It must be signed by a parent/legal guardian.**

Date	Parent/Guardian Signature
Date	Swimmer, if 18 years old