



2008 Sharkpup Registration Packet

Family Name: _____

Welcome to Swimarin! In order to complete the application and attend Shark Pups swim practice, please return all three items below along with the payment of your membership fees.

- 1. Application:**
- 2. Liability Release Agreement and Waiver:**
- 3. Membership Fees Paid:**

Please mail your completed packet to: Swimarin c/o Laura Woodhead, 150 Montecito Road, San Rafael, CA 94901.

Shark Pups Session Dates

Session One:

Monday, May 19	(4:00-4:30 pm)
Tuesday, May 20	(4:00-4:30 pm)
Wednesday, May 21	(4:00-4:30 pm)
Thursday, May 22	(4:00-4:30 pm)
Friday, May 23	No Class
Monday, May 26	(Memorial Day-No Practice)
Tuesday, May 27	(4:00-4:30 pm)
Wednesday, May 28	(4:00-4:30 pm)
Thursday, May 29 th	(4:00-4:30 pm)
Friday, May 30 th	(4:00-4:30 pm)

Session Two:

Monday, June 9	(4:00-4:30 pm)
Tuesday, June 10	(4:00-4:30 pm)
Wednesday, June 11	(4:00-4:30 pm)
Thursday, June 12	San Rafael HS Graduation-No Practice
Friday, June 13	(4:00-4:30 pm)
Monday, June 16	(4:00-4:30 pm)
Tuesday, June 17	(4:00-4:30 pm)
Wednesday, June 18	(4:00-4:30 pm) (Swimarin Swimathon 4:30-8:30 pm)
Thursday, June 19	(4:00-4:30 pm)
Friday, June 20	No Class

Session Three:

Monday, June 23	(4:00-4:30 pm)
Tuesday, June 24	(4:00-4:30 pm)
Wednesday, June 25	(4:00-4:30 pm)
Thursday, June 26	(4:00-4:30 pm)
Friday, June 27	(4:00-4:30 pm)
Monday, June 30	(4:00-4:30 pm)
Tuesday, July 1	(4:00-4:30 pm)
Wednesday, July 2	(4:00-4:30 pm)
Thursday, July 3	No Class
Friday, July 4	No Class

Session Four:

Monday, July 7	(4:00-4:30 pm)
Tuesday, July 8	(4:00-4:30 pm)
Wednesday, July 9	(4:00-4:30 pm)
Thursday, July 10	(4:00-4:30 pm)
Friday, July 11	(4:00-4:30 pm)
Monday, July 14	(4:00-4:30 pm)
Tuesday, July 15	(4:00-4:30 pm)
Wednesday, July 16	(4:00-4:30 pm)
Thursday, July 17	No Class
Friday, July 18	No Class
Sunday, July 20	Swimarin Banquet (Sharkpups will receive an award!)

**APPLICATION FOR
2008 SWIMARIN SHARK PUPS SUMMER PROGRAM**

[Please complete all sections]

1) Swimmer's Name _____ Age _____ DOB _____ M F (T-Shirt Sz) _____

2) Swimmer's Name _____ Age _____ DOB _____ M F (T-Shirt Sz) _____

Home Address _____

Parent/Guardian _____ Home Ph _____

Email* _____ Mobile _____

Parent/Guardian _____ Home Ph _____

Email* _____ Mobile _____

Emergency Contact _____ Ph _____

Physician to be called in case of emergency _____

Describe any physical condition affecting any of the swimmers named above (allergy, etc.) _____

List any medications taken by any of the swimmers named above: _____

Membership Fees

Session One: No. _____ Shark Pup Swimmer (s) @ \$85 each \$ _____

Session Two: No. _____ Shark Pup Swimmer(s) @ \$85 each \$ _____

Session Three: No. _____ Shark Pup Swimmer(s) @ \$85 each \$ _____

Session Four: No. _____ Shark Pup Swimmer (s) @ \$85 each \$ _____

TOTAL AMOUNT (Checks payable to Swimarin) \$ _____

***Email** and Family Folders (on pool deck) are the primary forms of communication throughout the season.

LIABILITY RELEASE AGREEMENT AND WAIVER

The undersigned, as parent, guardian, or participant is familiar with competitive swimming and the Swimarin swim program and its various clinics, lessons, fundraisers, and outside recreational activities (collectively, the “Swimarin Program”), and in consideration of being permitted to participate in the Swimarin Program and as a condition to the acceptance of my application for participation in the Swimarin Program, agree with Swimarin Program, the San Rafael City Schools, and the Marin Swim League (including each its teams and their respective clubs and/or host organizations and facilities, the “MSL”), and as follows:

I hereby waive, release and discharge on behalf of myself, my spouse, my child(ren) and/or my ward(s) (the “Releasors”), any and all claims, demands, causes of action for damages, person injury, death or damage or loss to property which Releasors may have as a result of the participation of any of Releasors in the Swimarin Program. This Liability Release Agreement and Waiver shall inure to the benefit of Swimarin, the San Rafael City Schools, the MSL, and each of their coaches, participants, employees, agents, officers, volunteers, and directors (the “Releasees”). *This liability release and waiver is intended to and shall discharge in advance the Releasees from any and all liability to Releasors, and any and all third persons arising out of or in any way connected with participation in the Swimarin Program, whether or not any liability may arise out of passive or active negligence, carelessness or omission on the part of the Releasees. It is agreed that participating in the Swimarin Program and in the Marin Swim League involves an element of risk. I understand that incidents, including events of a serious and life-threatening nature, occur during swimming events, around swimming pools and during the use of swimming pools due to, not by way of limitation, slips, falls, collisions, drowning, and other water-related hazards. Knowing the risks involved in the sport of swimming, Releasors hereby expressly assume all such risks.* Releasors also assume all risks associated with other aspects of the Swimarin Program, including without limitation recreational activities, fundraisers, and other events sponsored by or affiliated with the Swimarin Program or its coaches, parents, or volunteers. Releasors further agree to hold the Releasees harmless and shall defend and indemnify them from any loss, liability, damage, cost or expense which they may incur (notwithstanding their own active or passive negligence or carelessness) as a result of any injury or death to person or damage to property which may be sustained by the Releasors while participating in the Swimarin Program. This Liability Release Agreement and Waiver shall be binding on my heirs, successors and assigns. Releasors agree to accept and abide by the rules and regulations of Swimarin and the MSL.

If any of the participants listed below or in the application to participate in the Swimarin Program is under the age of 18 years, I further represent that I have the authority to execute this document on behalf of the participant(s); said participant(s) is/are physically able to participate in the Swimarin Program and all of the terms of this Liability Release Agreement and Waiver shall apply in the event of death or injury or property damage which said participant(s) may sustain while participating in the Swimarin Program.

Print names of minor children for whom you are completing this form:

1 _____ 2 _____ 3 _____

Photos: Swimarin reserves the right to photograph participants in the Swimarin Program for potential future use. All photos will remain the property of Swimarin and may be used on promotional materials, including the Swimarin website, or other purposes determined by the Board of Directors of Swimarin.

Medical Release: The undersigned hereby authorizes Swimarin, the MSL, or their authorized representatives to consent to any emergency medical care, which may be deemed necessary for the above named participants while under the supervision of Swimarin or the Marin Swim League. I understand that reasonable attempts will be made to contact me and/or the authorized contact person(s) listed on the application before using this consent.

I HAVE CAREFULLY READ THIS LIABILITY RELEASE AGREEMENT AND WAIVER, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, INCLUDING FUTURE LIABILITY, AND A CONTRACT BETWEEN MYSELF AND SWIMARIN, AND I EXECUTE IT OF MY OWN FREE WILL.

Print Name of Parent or Guardian: _____

Signature _____ Date _____