



# 2010 Shark-Pup 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

Please check (the grey box) which class you want to attend. Only one class per Session per swimmer. If more than one swimmer please indicate which class each child will attend.

### Session One:

4:30-5:00 Class

5:00-5:30 pm Class

Monday, May 17

Tuesday, May 18

Wednesday, May 19

Thursday, May 20

**Friday, May 21**

**Monday, May 24**

Tuesday, May 25

Wednesday, May 26

Thursday, May 27

**Friday, May 28**

*(NO PRACTICE - long weekend)*

**Monday, May 31**

*(Memorial Day- NO PRACTICE long weekend)*

Tuesday, June 1

Wednesday, June 2

Thursday, June 3

Friday, June 4

Monday, June 7

### Session Two:

4:00-4:30 Class

4:30-5:00 pm Class

Monday, June 14

Tuesday, June 15

Wednesday, June 16

Thursday, June 17

Friday, June 18

Monday, June 21

Tuesday, June 22

Wednesday, June 23

Thursday, June 24

Friday, June 25

Monday, June 28

Tuesday, June 29

Wednesday, June 30

Thursday, July 1

**Friday July 2**

*(NO PRACTICE - long weekend)*

**Monday, July 5**

*(NO PRACTICE - long weekend)*

Tuesday, July 6

Wednesday, July 7

Thursday, July 8

Friday, July 9

### AWARDS for both Sessions:

Sunday, July 13

Swimarin Banquet (Shark Pups will receive an award)

**APPLICATION FOR  
2010 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 \_\_\_\_\_

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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: \_\_\_\_\_

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**Membership Fees**

Session One: No. \_\_\_\_\_ Shark Pup Swimmer (s) @ \$125 each \$ \_\_\_\_\_

Session Two: No. \_\_\_\_\_ Shark Pup Swimmer(s) @ \$175 each \$ \_\_\_\_\_

**TOTAL AMOUNT** (Checks payable to Swimarin) \$ \_\_\_\_\_

**\*Email** is 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** \_\_\_\_\_