

# BEULAH SWIM TEAM RELEASE FORM 2022

## Terms & Conditions

1. **Swim team registration and fees are due and must be paid before swimmers can begin practice or meets.** If your child withdraws from the team during the first 2 weeks you will receive a 50% refund of your registration fee. Afterward there will be no refunds. **Registration fees are not prorated for the season.**
2. I certify that my child/children listed above is/are in good health and capable of safe participation on the Beulah Swim Team
3. If the Emergency Medical Treatment Authorization is not signed by the parent/guardian listed on this form, the parent/guardian must be present at every practice session; otherwise the child/children cannot participate.
4. The registration form will not be accepted if the Consent to Play section is not signed by the Parent/Guardian.
5. Parents are expected to volunteer and help out at all swim meets and functions. (Details on Parent Worker Registration Form)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of all Swimmers: \_\_\_\_\_

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### Emergency Medical Treatment Authorization

I authorize any representative of Beulah Recreation Association or Swim Team to present my child listed above for emergency medical treatment by a physician, surgeon, or hospital listed by the Commonwealth of Virginia.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Photo Release

I hereby grant to the Beulah Swim Team and to its employees, agents and assigns the right to photograph my child and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent To Play

We hereby agree to indemnify and hold harmless The Chesterfield Aquatic League, Beulah Recreation Association, its Swim Team Directors, Agents and Coaches against all injuries of said swimmer(s) participating in this swim program. We further signify that we read and agree to abide by and accept the

Terms and Conditions as listed above. Failure of Parent/Guardian to sign or complete this form in its entirety shall absolve the The Chesterfield Aquatic League, Beulah Recreation Association and its Swim Team of any and all responsibility herein.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_