

Paxton Aquatic Wildcats Swim Team 2018

Swimmer Name _____ Birthday _____ Age _____ Swimmer Cell _____

Parent(s) _____ Cell #1 _____ Phone #2 _____

Address _____ Email _____

Emergency Contact _____ Emergency Contact Phone# _____

Please rate the swimmers favorite strokes in order (1 being the favorite):

- _____ Freestyle
- _____ Butterfly
- _____ Breaststroke
- _____ Backstroke

T-SHIRT SIZE:
 YS YM YL
 AS AM AL
 AXL A2X

***Any other important information that we should know about the swimmer?

Paxton Resident Fees:

\$65 for 1 swimmer
 \$45 for each additional sibling (must come from same household).

Registration Deadline
WEDNESDAY, MAY 30

return to Park District office, along with signed waiver (attached)

Non-Paxton Resident Fees:

\$70 for 1 swimmer
 \$50 for each additional sibling (must come from same household).

Registration Deadline
WEDNESDAY, MAY 30

return to Park District office, along with signed waiver (attached)

Tentative Practice Schedule

Mondays & Thursdays – PM practice

- Ages 10 & Under: 7:00-8:00
- Ages 11 & Up: 8:00-9:00

Tuesdays & Wednesdays – AM practice

- Ages 11 & Up: 8:00-9:00
- Ages 10 & Under: 9:00-10:00

Fridays – AM practice

8:00-9:00 --- only for swimmers who can swim unassisted.

Tentative Swim Meet Schedule

- June 16th - @ Milford
- June 23rd - @ Rantoul
- June 30th – vs. Danville
- July 7th - @ Gibson City
- July 14th – vs. Danville & Milford
- July 21st – vs. Gibson City & Danville
- July 28th – Conference Meet
- *A home “mock meet” will also be scheduled
- *All Saturdays meets START at 9:00am

PRACTICE WILL BEGIN Wednesday, June 6th for swimmers age 11+
 PRACTICE FOR ALL SWIMMERS (10/under & 11/up) WILL BEGIN Monday, June 11th

IN-PERSON Sign Up's will take place Tuesday, May 22nd from 5:30-6:30 at the Civic Center
You need not sign up in person. If you have questions, feel free to attend

PAXTON PARK DISTRICT – YOUTH PARTICIPATION WAIVER

The Paxton Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury or death when choosing to participate in recreation activities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Paxton Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Park District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS FROM PAXTON PARK DISTRICT

Please read this form carefully and be aware in registering your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

ACTIVITY/PROGRAM/LEAGUE: PAXTON AQUATIC WILDCATS SWIM TEAM 2018

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with such a program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program.

I also understand that by registering my child in a Park District sponsored activity, I give my consent for Park District personnel to take photographs of the activity which my child may be participating, for the sole purpose of professional use, whereas professional use is defined as uploading photographs to the Park District website and/or seasonal activity brochures.

In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

As a parent/guardian of a participant in the program, I have read and understood the Paxton Park District "Parent Code of Conduct" form and agree to its principles and expectations.

Upon completion of this waiver, I understand any and all registration fees must also be submitted to the Park District prior to any participation in an activity. Any checks made payable to the Paxton Park District which are returned on the basis of nonsufficient funds are subject to an extra \$25 fee.

Emer. Contact Phone if not listed on registration _____

Allergies _____

Medical Conditions _____

Physician _____

Physician Phone _____

Signature _____

Date _____