

# 2011 Woodbine Spring Swim at Wahoos

Registration Fee: 1<sup>st</sup> Swimmer -- \$50.00

2<sup>nd</sup> Swimmer -- \$40.00

3<sup>rd</sup> Swimmer -- \$30.00

Makes checks payable to: Woodbine Parents Committee

**ALL SWIMMERS MUST HAVE A TRI-COUNTY INSURANCE FORM  
SIGNED BEFORE ENTERING THE POOL.**

Bond Holder's Name: \_\_\_\_\_

1<sup>st</sup> Swimmer Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

2<sup>nd</sup> Swimmer Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

3<sup>rd</sup> Swimmer Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**TRI - COUNTY SWIMMING POOL ASSOCIATION  
PERMISSION TO PARTICIPATE AND LIABILITY RELEASE**

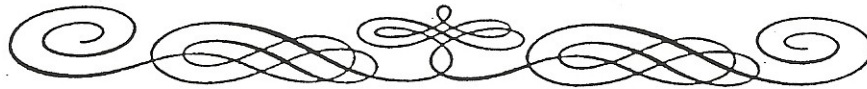
I, \_\_\_\_\_, the participant ( or the parent(s)/guardian(s) of the participant agree to participate ( or allow my child(ren) and family members to participate), in the TRI-COUNTY SWIMMING POOL ASSOCIATION (TCSPA) Swim Program as a member of the WOODBINE SWIM TEAM and hereby release TCSPA, its officers and/or staff members, and Woodbine Swim Club, its staff, agents and/or employees from liability for any injury that may occur to myself ( or my child(ren) and family member(s) while participating in the TCSPA swim program, including travel to and from training sessions or other scheduled activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or other family members for damage to my property, the property of my children and/or other family members, or both, while I (or my child(ren) and/or family members) are participating in the program.

I agree to reimburse the above parties for any damages they are compelled to pay arising from any such claims, demands, action or cause of action by myself (or my child(ren) and family members).

I have noted below any medical history or problems of which the staff should be aware of, that would or could affect training and/or competition.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Participant if over age 18 or Parent/Guardian)



**MEDICAL HISTORY FORM**

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