



Springfield Racquet & Fitness Center

SWIM TEAM REGISTRATION 2016

Return with Payment to SRFC 3725 Chatham Rd. Springfield, IL 62704 FAX: 217 787-2131

Welcome to Springfield Racquet & Fitness Center's Swim Team. Children ages 6 and older, who are able to swim one length of freestyle (with proper breathing) and one length of backstroke are encouraged to join in on the FUN! Full Payment is Required with Completed Registration.
Registration and Payment is required for Swim Team Practice and Meet Participation.

Parent Names: _____ Email: _____

Address _____ City/State/Zip _____

Phone: Home # _____ Mother: _____ Father: _____

Please Note: SWIMMERS must be members of SRFC or the Pool to qualify for Member Pricing. SRFC Memberships are month-to-month and may be upgraded to include children. Pool Only and Student memberships are also available.

	Member	Non-Member
Child's Name _____ Age: _____ DOB _____	\$70	\$145
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Child's Name _____ Age: _____ DOB _____	\$70	\$145

Total Registration Amount \$ _____

The SRFC POOL is HEATED for Swimmer Enjoyment

Team Practice Times: Mon – Fri 7:30 – 9am and Tues & Thurs 7-8pm

Swim Meet Times: Weekdays at 5:30pm and Saturdays at 9am – Home & Away

Parent Volunteers are REQUIRED

Parent Meeting TBD in May

NO Refunds of Swim Team Fees

Waiver

I/we, the parents/legal guardian of the above stated, understand the nature of swimming, pool and swim team activities at Springfield Racquet & Fitness Center, and the minor's experience and capabilities and believe the minor(s) to be qualified to participate in such activity. I/we hereby give my/our approval to participate in swim activities, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless each of the Releases (Springfield Racquet & Fitness Center its administrators, directors, agents, owners, officers, and employees) from any claim rising out of injury to my/our child, from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise including bodily injury, emotional distress or harm and negligent rescue operations, and further agree that if, despite this release, I/we the minor's parent/legal guardian, or anyone on the minor's behalf makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage or cause any may incur as the result of any such claim. I understand that attendance at team practices and meets is my responsibility and does not correlate to fees paid.

Consent: I do hereby give consent to medical care, emergency or otherwise, including any necessary transportation, in event of injury to or any illness with my child/ward or myself. I also consent to photographs/videos taken at the clinic, lesson or program that may include my child, ward or myself being used for advertising and other media efforts.

Registration Form May be FAX'd to 217 787-2131

Card Type: _____ VISA _____ AMEX _____ MC _____ DISC

CREDIT CARD NUMBER

CVV Code: _____ Expiration Date _____

Print Name: _____

Signature _____

PARENT/GUARDIAN SIGNATURE

Date