



The North Miami Swim Team
and Neptune Aquatics
Registration Form



Masters Swim Program & Water Fit

Name _____ (Last Name, First Name, MI) Acct. # _____ In Comp _____

_____/_____/_____
Birth Date (M) or (F) _____
Sex Age

Address _____ (Res./Non) City _____ Zip _____
City of North Miami

(_____) _____ - _____
Home Phone

(_____) _____ - _____ ext _____ E-mail address _____
Cell Phone Office Phone

USMS Registration # _____ or Application Date ____/____/____

Health Limitations _____

Spouse Name _____ (Last Name, First Name, MI) only if participating

Cell Phone _____ ____/____/____ (M) or (F) _____
Birth Date Sex Age

USMS Registration # _____ or Application Date ____/____/____

Health Limitations _____

_____ (_____) _____ - _____ ext. _____
Emergency Contact Emergency Phone (4:00- 8:00 pm)

Family Doctor to contact _____ Phone (_____) _____ - _____ ext. _____

Pool (Sasso / FIU / MCD) Group _____ Special Code (_____) Starting Date on Team ____/____/____

Registering for (Circle all that apply) Masters Water Fit

How many days a week do you plan on participating _____

Are you interested or involved in : Open water swimming _____
Triathalons _____
Masters Competitive Swimming _____
Swimming for health only _____

ACKNOWLEDGMENT, RELEASE, AND WAIVER

I _____(name) wish to train and compete with the **Neptune Aquatics Inc. and the North Miami Swim Team**. I acknowledge that, just as in any sport, there are inherent risks associated with training and competition in swimming. I also acknowledge that because of the minor amount of revenue generated by this sport, the threat of a damage suits could discourage or preclude the swim team, its coaches, race organizers, pool owners, and others from becoming involved in the sport. For these reason I am willing to release and hold harmless from suit all such persons and entities, even from suit based on the alleged fault of that person or entity.

In consideration of their acceptance of me for training and/or for competition, I, for my heirs, executors and administrators, release and forever discharge the North Miami Swim Team, Neptune Aquatics, Inc., the City, County, State or District where the training and/or competition is held, and all sponsors, producers, their agents, representatives, successors and assigns, of all liability for existing or future claims, actions, damages, costs or expenses which I may have arising out of or in any way connected with my participation in swim training or competition, including claims arising out of or during travel, and including injuries or death which may be suffered by me before, during or after training or competition, and I agree to indemnify and hold the above parties harmless from any claim asserted against them which arises out of any claim, damage, cost, or expense of mine. I understand that this Release-Waiver precludes any claims or actions by me based upon the negligence, action or inaction of any of the above parties.

I have noted on this form any medical history or problems of which thw staff or coaching staff should be aware that would or could effect training and or competition.

I HEREBY AFFIRM that I am eighteen (18) years of age or older, I have read this document, and I understand its contents.

Signed:
Date

Print Name: _____