

2024 Swim Team Registration

1. Swimmer Name: _____ Age as of 7/1 _____ DOB ____/____/____
2. Swimmer Name: _____ Age as of 7/1 _____ DOB ____/____/____
3. Swimmer Name: _____ Age as of 7/1 _____ DOB ____/____/____
4. Swimmer Name: _____ Age as of 7/1 _____ DOB ____/____/____

Parent/Guardian Names: _____

Email(s): _____

Address: _____ City _____ State: _____ Zip: _____

Mother Cell: _____ Father Cell: _____

Emergency Contact Name & Cell: _____

➤ **Medical Information:** Please indicate any special needs or allergies here:

➤ **Immunizations:** Check if medical history is up to date: _____ (Diphtheria, Measles, Mumps, Polio, Tetanus, Rubella)

➤ Please check if **Religious Exemptions** apply: _____ (if so, please provide exemption letter)

Fees: \$250 for ages 5-14 / \$200 for swimmers ALSO enrolled in group lessons.

Office Use Only: Payment Made: _____ **Date:** _____ **Initials:** _____

OVER →

Check or cash only: Checks payable to "Silton Swim School"

PHOTO RELEASE WAIVER

As a parent or guardian of this student, I hereby consent to the use of photographs/videos taken during the course of my child’s enrollment at Silton Swim School for publicity, promotional and/or educational purposes (including publications, website, social media and advertising). I do this will full knowledge and consent and waive all claims for compensation for use, or for damages.

___ Yes, I give consent for Silton Swim School to use photographs of my child for promotional and/or educational purposes.

___ No, I do NOT authorize Silton Swim School to use photographs of my child in any event.

WAIVER AND RELEASE OF LIABILITY:

By printing and signing this document you are verifying that you have read and agree to the terms and policies set forth by Silton Swim School.

I acknowledge and fully understand that my child will be engaging in activities at Silton Swim School (“Silton”) that may result in serious injury. These activities include (a) swimming and other in-pool activities that may result in tripping, falling, slipping, drowning and other potential injuries related to in-pool activities; and (b) other non-pool related activities, such as, but not limited to, exercise and sporting events that involve the risk of tripping, falling, slipping, and other potential injuries related to non-pool related activities at Silton. There may be other risks not currently known or reasonably foreseeable to Silton at this time. I assume all the foregoing risks, however, and accept personal responsibility for any costs and expenses related to any injury my child suffers at Silton. I hereby agree to hold Silton, its affiliates, and its successors, harmless from and against all present and future claims, costs, expenses, and liabilities. In the event that I cannot be reached in an emergency, I hereby give permission to the EMT or director, to hospitalize and/or provide proper treatment to my child.

I acknowledge that I have carefully read the above Waiver and Release of Liability, understand its contents, and I recognize that by signing this legally binding agreement on behalf of myself and my child and other parents and guardians of my child, we are freely giving up substantial rights and assuming all risk of injury, and property damage that may occur at Silton.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____ **Date:** _____

WAIVER OF RIGHT TO JURY TRIAL AND AGREEMENT TO ARBITRATE

I agree on behalf of myself and my child to submit all disputes arising out of my child’s registration and activities at the Silton Swim School to binding arbitration before a single arbitrator who shall be a retired judge of the Superior Court or the United States District Court for the District of New Jersey. I fully understand that I am waiving my right to a trial by jury in a court of law. I understand and agree that my sole and exclusive remedy for any claims arising out of my child’s enrollment at Silton Swim School shall be arbitration and I understand that by executing this document I am giving up my right to bring a claim in a court of law and to have a jury decide that claim. I further understand that the arbitration referenced herein shall be governed by the commercial rules of the American Arbitration Association. I have been informed that those rules are available to read at www.adr.org. I further understand that while the rules of the American Arbitration Association shall apply to any arbitration the arbitration need not and will not be administered by the American Arbitration Association. The arbitration shall be administered by the arbitrator selected by the parties. The arbitrator shall have power to decide any dispute including but not limited to whether or not a dispute is arbitrable under this agreement. The decision of the arbitrator shall be final and binding upon all parties and any award entered in any such arbitration shall be enforceable in a court of competent jurisdiction. I further agree that the arbitration shall take place in Monmouth County, New Jersey. I reaffirm my understanding that by executing this document I am waiving both my right and my child’s right to a trial by jury and hereby agree that rather than a court of law that arbitration shall resolve any disputes arising under this registration agreement.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____ **Date:** _____

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