

ZELIE AREA SWIM CLUB 2011 REGISTRATION FORM

Mail registration form and payment to:

Michelle Antol, 100 Hillside Drive, Zelienople, PA 16063

Cost per swimmer:

Zelienople Pool Members \$35

Non – Members \$70

Multi Swimmer discount:

\$5.00 off for 2nd swimmer \$10.00 off for 3rd swimmer. Total of \$15.00

Swimmers Name: _____

Gender: M F

D.O.B. _____

Age:

Swimmers Name: _____

Gender: M F

D.O.B. _____

Age:

Swimmers Name: _____

Gender: M F

D.O.B. _____

Age:

Address:

E-mail: _____ Home Phone:

Mother: _____

Cell:

Father: _____

Cell:

Zelienople Pool and Zelig Area Swim Club are not affiliated with the Seneca Valley School District

RELEASE TO HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries, you might sustain arising out of this program (including transportation services, when provided) for you and your family members and/or anyone on your membership form. As a participant in the program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program(s) against the Zelienople Park Authority and/or Zelienople Borough and its officers, agents, servants and employees. I do here by release and discharge the Zelienople Park Authority and/or Zelienople Borough and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the program(s). I further agree to indemnify and hold harmless and defend the Zelienople Park Authority and/or Zelienople Borough and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with or in associated with any and all activities of the program(s).

I have read and fully understand the above program details and waiver Release of all claims for me and my family members and/or anyone on my membership form. Participant(s) legal guardian MUST sign waivers.

Signature(s) _____
Date _____

Office use only: Received by: _____ Date: _____ Check # _____ Amount:
