

Swimming Registration Form



Office 896-5546

Pool 896-8572

PLEASE FILL IN THE FOLLOWING

Parent/Guardian _____ Participant _____

Address _____ Birthday _____ Age _____

City _____ Zip _____ Male _____ Female _____ Grade _____

Phone #1 _____ Additional Info _____

Phone #2 _____ Email (optional) _____

Swimming Registration

Swim Level _____ Starting Date _____ Time _____

Swim Team Meet Dates ____/____/____/____/____/____

____/____/____/____/____/____

(Please Circle meet(s) you will help with)

Additional Comments _____

Waiver and Authorization for Medical Attention

The undersigned, as participants or as parent or guardian for a child participating, I hereby recognize and acknowledge that Richfield City does not carry special health or accident insurance that would protect the participant in the even of accidental injury while participating in any program or facility offered by Richfield City. Any accident or injury shall be to my insurance carrier and I assume full responsibility for he same. I agree to personally assume all expenses associated with accidents or injury arising out of participating in activities offered by Richfield City. I further recognize that participation in activities or facilities is voluntary and that there are certain inherent risks which I assume for participant. I hereby release and discharge Richfield City, it's governing officers, employees, staff or agents from all obligations, liabilities, claims, demands, costs and expenses, including attorney fees, arising out of or in connection with any injury sustained by the participant. I authorize the employees or agents of Richfield City to notify emergency help in the case of an accident or injury to the participant while participating in any program offered by Richfield City if in the discretion of the employee or agent, such emergency help is warranted.

“ Code of Conduct”

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every recreation event. At all times I will remember that we are participating in a recreational activity and act accordingly. It is the participant, coaches and spectators responsibility to control their own behavior. I will refrain from the use of foul language and/or negative comments toward coach, player, referee, league officials or spectators.

Richfield Refund Policy

1. Richfield City will refund all but \$3.00 of fee paid before teams have been set.
2. Richfield City will refund only 1/2 of fee paid after team or classes have been set.
3. Richfield City will not issue any refunds of fees paid once programs or classes have started.

Parrent/Legal Guardian Signature _____ Date _____

FOR OFFICIAL USE ONLY

Fee Paid _____ Date _____ Received By _____

Check # _____ Credit Card _____ Cash _____

Richfield Parks & Recreations • 75 E Center • Richfield, Utah 84701

Swimming Registration Form



Office 896-5546

Pool 896-8572

PLEASE FILL IN THE FOLLOWING

Parent/Guardian _____ Participant _____

Address _____ Birthday _____ Age _____

City _____ Zip _____ Male _____ Female _____ Grade _____

Phone #1 _____ Additional Info _____

Phone #2 _____ Email (optional) _____

Swimming Registration

Swim Level _____ Starting Date _____ Time _____

Swim Team Meet Dates _____/_____/_____/_____/_____/_____/_____

_____/_____/_____/_____/_____/_____/_____

(Please Circle meet(s) you will help with)

Additional Comments _____

Waiver and Authorization for Medical Attention

The undersigned, as participants or as parent or guardian for a child participating, I hereby recognize and acknowledge that Richfield City does not carry special health or accident insurance that would protect the participant in the even of accidental injury while participating in any program or facility offered by Richfield City. Any accident or injury shall be to my insurance carrier and I assume full responsibility for he same. I agree to personally assume all expenses associated with accidents or injury arising out of participating in activities offered by Richfield City. I further recognize that participation in activities or facilities is voluntary and that there are certain inherent risks which I assume for participant. I hereby release and discharge Richfield City, it's governing officers, employees, staff or agents from all obligations, liabilities, claims, demands, costs and expenses, including attorney fees, arising out of or in connection with any injury sustained by the participant. I authorize the employees or agents of Richfield City to notify emergency help in the case of an accident or injury to the participant while participating in any program offered by Richfield City if in the discretion of the employee or agent, such emergency help is warranted.

“ Code of Conduct”

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every recreation event. At all times I will remember that we are participating in a recreational activity and act accordingly. It is the participant, coaches and spectators responsibility to control their own behavior. I will refrain from the use of foul language and/or negative comments toward coach, player, referee, league officials or spectators.

Richfield Refund Policy

1. Richfield City will refund all but \$3.00 of fee paid before teams have been set.
2. Richfield City will refund only 1/2 of fee paid after team or classes have been set.
3. Richfield City will not issue any refunds of fees paid once programs or classes have started.

Parrent/Legal Guardian Signature _____ **Date** _____

FOR OFFICIAL USE ONLY

Fee Paid _____ **Date** _____ **Received By** _____

Check # _____ **Credit Card** _____ **Cash** _____