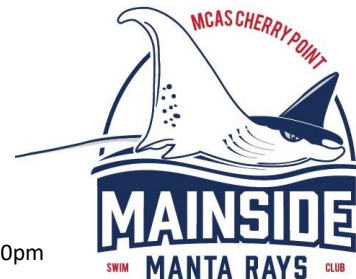


# Mainside Manta Rays Swim Club Registration



## Participant Information:

Preferred Session: \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ Both Preferred Start Time: \_\_\_\_ 4:30pm \_\_\_\_ 5:30pm

1<sup>st</sup> Swimmers Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Previous Swim Club/Team Experience: \_\_\_\_ Y \_\_\_\_ N

2<sup>nd</sup> Swimmers Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Previous Swim Club/Team Experience: \_\_\_\_ Y \_\_\_\_ N

3<sup>rd</sup> Swimmers Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Previous Swim Club/Team Experience: \_\_\_\_ Y \_\_\_\_ N

Parent/Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Medical Information:** Does the participant(s) have any medical conditions or taking medication of which, the coach should be aware? (Example: diabetes, seizures, ADHD, etc.) Any Reasonable accommodations needed? \_\_\_\_\_

\_\_\_\_\_  
Initial

**To my knowledge, this participant(s) is/are medically qualified to participate in MCCS Cherry Point Aquatics Swim Club.**

## **Program Fees:**

Includes swim club t-shirt.

\$150 per session + \$50 Registration fee per session = \$200 per session total (ages 18u) OR pay in full for both sessions 1 & 2 = \$350 total (\$50 registration fee for session 2 is waived)

-\$25 sibling discount

\$50 registration fee per session (Adults 18+) - Includes swim club t-shirt and three workouts per week. No formal practice days included.

## **For Office Use Only:**

Amount Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

# WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

## UNITED STATES MARINE CORPS

### FOR ALL CLASSES AND RECREATION SWIMMING AT MCCS CHERRY POINT POOLS.

In consideration of the privilege of using the MCCS Semper Fit pools for recreation swimming or classes at Cherry Point, North Carolina, and further recognizing the voluntary nature of my participation in this event, I, the undersigned person, intending to be legally bound, hereby promise to waive for myself, my guardians, heirs, executor, administrators, legal representatives and any other persons on my behalf, any and all rights and claims for damages, demands, and any other actions whatsoever, including those attributable to simple negligence, which I may have against any of the following persons or entities: the United States of America; the Department of Defense; the Department of the Navy; the United States Marine Corps; Marine Corps Air Station, Cherry Point, North Carolina; any and all individuals assigned to or employed by the United States, including but not limited to the Secretary of Defense; the Secretary of the Navy; the Commandant of the Marine Corps; Commanding General, Marine Corps Air Station, Cherry Point, North Carolina; in both their official and personal capacities; any medical support personnel assigned thereto; and these persons' or entities' representatives, successors, and assigns, for any injuries and/or death resulting from my participation in the activities comprising the aforesaid event; as well as any use by me of any Marine Corps Air Station, Cherry Point, North Carolina, or government equipment or facilities in conjunction with and furtherance of such participation by me. I VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISKS ASSOCIATED WITH USING THE POOLS, TO INCLUDE THE RISKS OF SLIPPING AND FALLING ON WET SURFACES, OR DROWNING WHILE SWIMMING IN THE POOL. I EXPRESSLY, KNOWINGLY, AND VOLUNTARILY ASSUME THE RISKS INVOLVED IN THE ACTIVITIES AND AGREE TO HOLD THE UNITED STATES HARMLESS FOR ANY RESULTING INJURY AND/OR DEATH. I understand that this waiver of liability/assumption of risk agreement shall remain in effect until notice of cancellation is received by the Commanding General, Marine Corps Air Station, Cherry Point, North Carolina. I understand that, should I decline to execute this agreement, I will not be permitted to enter the MCCS Semper Fit pools.

\_\_\_\_\_ I hereby consent that photographs of me or my child taken by Cherry Point Aquatics may be used by MCCS for  
Initial the purpose of illustration, advertising, or publication in any manner.

\_\_\_\_\_  
(Signature of Witness) (Date)  
(Witness is MCCS Aquatics staff personnel only)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature) (Date)  
If under 16 - Parent/Guardian signature on behalf of:

\_\_\_\_\_  
(Name of Minor)

\_\_\_\_\_  
(Name of Minor)

\_\_\_\_\_  
(Name of Minor)