

BIRMINGHAM SWIM LEAGUE MASTERS REGISTRATION

Swimmer _____
First Name Middle Initial Last Name

Nickname _____ Age _____ Birthday _____ Sex _____

Home Phone _____ Cell# _____

Mailing Address _____

City _____ State _____ Zip Code _____

Work Phone _____ E-mail address _____

Employed By _____ Occupation _____

Check one: Annual(\$430) _____ Monthly(\$40) _____ Punchcard(\$60) _____

Release and Indemnity

In consideration of your permitting the above stated to participate in Birmingham Swim League's Programs, undersigned does hereby release Birmingham Swim League and all affiliated and associated organizations, together with their respective trustees, directors, officers and agents, of and from any and all demands of any kind or nature whatsoever arising out of or in any way related to the above named's participation in the Birmingham Swim League Programs, including any personal injury or death, which the participation may suffer or incur as a result of participation in such program whether or not caused by the negligence or wrongful acts of such persons, or any agents, servants, or employees of any of them. I agree to hold Birmingham Swim League and its officers and agents free and harmless from any claim or expense that may arise due to participation in this program. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury or damages incurred or caused by the above named participant. THIS IS A FULL RELEASE OF ALL CLAIMS AND INDEMNITY ON BEHALF OF MYSELF, MY SPOUSE, AND MY/OUR CHILD/CHILDREN.

PLEASE PRINT

Personal Physician: _____ *Phone:* _____

Address: _____

Known Allergies: _____

Health Concerns: _____

Person to be contacted in an Emergency: _____ *Phone:* _____

Insurance Company: _____ *Preferred Hospital in Birmingham:* _____

Policy Number: _____ *Policy Holder's Name:* _____

Signature: _____ *Date:* _____