

JEFFERSON SWIM LEAGUE SWIMMER REGISTRATION

(Please TYPE your answers in the blanks below)

Learn more about the JSL at www.jsl.org

Enter Swimmer's Name(s) and **COMPLETE** information below:

TEAM ABBREVIATION _____

LAST NAME	FIRST NAME	MI	PREFERRED NAME	BIRTH DATE mm/dd/yyyy	SEX	AGE on 6-1

SWIMMER'S CONTACT INFORMATION:

STREET ADDRESS	BEST PHONE
CITY and ZIP	EMAIL ADDRESS

PARENT #1 Full Name	
PREFERRED NAME	
BEST PHONE	
EMAIL ADDRESS	

PARENT #2 Full Name	
PREFERRED NAME	
BEST PHONE	
EMAIL ADDRESS	

Team Name _____ Club Member Number _____ Team Fee \$ _____ Paid _____

Approximately 30 parents are needed from each team to help at every swim meet !!
WE NEED YOUR HELP!! Place an "M" for mother and/or "F" for father beside position wanted:

*MEET DIRECTOR _____ *STROKE & TURN _____ *STARTER _____ CLERK-OF-COURSE _____ TABLE _____
 REFRESHMENTS _____ SWEEP JUDGE _____ TIMER _____ RUNNER _____ *COMPUTER OPERATOR _____
 FALSE START ROPE _____ *REFEREE _____ NO EXPERIENCE, BUT WANT TO HELP _____
 (*Requires Class) Learn more about these positions on www.jsl.org

Does any swimmer have special health conditions, allergies, or disabilities? _____ (May attach additional sheet(s) if needed.)
 Swimmer's Physician _____ Phone (____) _____
 Emergency contact other than parent _____ Phone (____) _____
 Is swimmer covered under a health insurance policy? NO YES (MUST choose one)

By initialing the boxes below, the parent(s) acknowledge that they have read and agree with the applicable paragraph.

JSL Swim Meets and the Championship are considered to be public events. During the swim season photographs and videos which embody the spirit and competition of the Jefferson Swim League are occasionally taken of swimmers and other participants. Your signature at the bottom of this form authorizes the JSL to print, publish and display pictures or videos of you, other members of your family, and the swimmers registered above in various JSL publications, on the web site www.jsl.org, digital media (e.g. Facebook, etc.), and other public media. This consent applies to JSL-affiliated events only. Individual teams may choose to regulate the use of photos and videos taken at team-only functions. If you do not want your child photographed, contact your team's JSL Representative.

I have received, read, and understand the USAS Concussion Information Sheet.

Each of the undersigned fully understands the known risks of injury or death involved in participating in any sport, including swimming, and knows that all risks may not be fully known or disclosed. Each hereby assumes the risk of any known or unknown injury, loss, claim, cost, or other risk of loss both personally and those that may arise involving their child, both known and unknown. Each hereby agrees to indemnify and hold harmless JSL, its officers, directors, employees and agents from any and all losses, costs, judgments, settlements or other losses, including attorney fees, resulting from any injury or claim made involving my child or by anyone acting in any judicial or legal capacity on behalf of my child.

The invalidity, illegality or enforceability in any jurisdiction of any provision in or obligation under this agreement shall not affect or impair the validity, legality or enforceability of any of the remaining provisions or obligations herein. This agreement shall be governed by and shall be constituted and enforced in accordance with the laws of the Commonwealth of Virginia and any court or judicial action shall be required to be heard in the Circuit Court for the County of Albemarle, without regard to conflict of laws principles.

All adults with any custodial rights must sign below:

Parent Signature(s) _____ Date ____/____/____
 mo day yr

(White original stays with team, copy goes to JSL with fee)