



# TALLAHASSEE SERINAS CLINIC

## Registration Form

### ATHLETE INFORMATION

Last Name		First Name		Mid. Initial
Address		City/State		Zip
Athlete email			Athlete Cell#	
Date of Birth		Age		Sex
Description of any health problems				

### PARENT INFORMATION

Mother	Last Name		First Name		Home #
	Work #	Cell #		email	
Father	Last Name		First Name		Home #
	Work #	Cell #		email	

- Waiver of Liability**

It is agreed by my signature below, that in the event my child is disabled, injured or incurs a disease of a temporary or permanent nature while participating, to waive any and all claims or liabilities against Performance Enhancement Enterprises, Inc., the City of Tallahassee Parks and Recreation Dept., the City of Tallahassee, Florida, the TALLAHASSEE SERINAS parents boosters organization, and/or staff or volunteers of said activities and programs.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

- Insurance**

USA SYNCHRO Insurance Covers the insured person for accidents which occur in the course of participation in sanctioned events, including supervision of a coach or manager, and while traveling directly to and from such sanctioned events or practices. **See separate registration.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

- Medical Release**

The undersigned as the parent(s) and/or legal guardian(s) of \_\_\_\_\_ do hereby authorize the coaches or representatives of the TALLAHASSEE SERINAS club or the City of Tallahassee to obtain, through a physician of it's choice, any emergency medical care that may become reasonably necessary for the swimmer in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed above. Payment of all charges incurred for medical treatment is guaranteed by parent/legal guardian or the insurance company providing for the above named swimmer.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

<b>TO BE COMPLETED BY STAFF ONLY</b>		Start Date _____	Group _____
USA Synchro form _____		USA Synchro fees \$ _____	Check # _____
Bill or Draft _____	Start B or D _____	Team fees \$ _____	Check # _____
Roster _____	Folder _____	Email list _____	
Invoiced _____	Added to QB/Draft _____		



property.

- 2. I knowingly and freely assume all such risks.
- 3. I, for myself, my minor child or ward, and on behalf of my and their heirs and assigns, release, waive, discharge and covenant not to sue U.S. Synchronized Swimming, Inc., its officers, agents, employees, and sponsors as well as its affiliate clubs, from any and all liability for any and all claims, demands, losses or damages on account of injury, including death and damage to property, whether caused by negligence or otherwise.
- 4. If the participant is a minor, I consent to the collection of personal information regarding my child or ward through USA Synchro's online Membership Management System, as "personal information" is defined in USA Synchro's On Line Privacy Statement.
  - a. I [do] [do not] consent to my child or ward, as applicable, being listed in the USA Synchro Directory.
  - b. I [do] [do not] consent to my child or ward, as applicable, receiving from USA Synchro electronic communications, such as an electronic newsletter, and information concerning programs and other opportunities offered by USA Synchro.
  - c. I [do] [do not] consent to allow USA Synchro to divulge information concerning my child or ward to third persons.

**Opt-Out of Collection of Personal Information:** The parent or guardian has the option to agree to the collection and use of the child's information without consenting to the disclosure of the information to third parties. USA Synchro shall not require a child to disclose more information than is reasonably necessary to participate in an activity as a condition of participation. The parent or guardian can review the child's personal information, ask to have it deleted and refuse to allow any further collection or use of the child's information. USA Synchro will change the contents of any personal information of a child maintained by USA Synchro at the request of the child, parent or guardian. In order to maintain membership for a person, regardless of age, USA Synchro must maintain certain personal information regarding the member. The parent or guardian understands that if s/he requests that such information be deleted from its online Membership Management System, USA Synchro will advise the participant that s/he cannot continue to be a member. You may find our privacy policy and the procedures for opting out under the membership section of [www.usasynchro.org](http://www.usasynchro.org).

**Emergency Contact Information:** *please provide emergency contact info for each member*

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Participant's Name (Print) \_\_\_\_\_

*\*If athlete is less than 18 years of age, the parent or legal guardian must also sign.*

This is to certify that, as parent/guardian of this participant; I do consent to his/her waiver and release as set forth above and also agree to assume all such risks and to waive the right to sue the releases.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

**WAIVER AND RELEASE FORM MUST BE COMPLETED BY ALL MEMBERS EACH YEAR**

***If you are under the age of 18 or your Club Representative is signing you up for membership, please give a copy of this form to your Club Representative.***