

Grand Ridge 2021 Swim Team Registration Form

Grand Ridge Summer League Competitive Swim Team is for Members Only.

The season will begin on Monday May 10.

The fee for this program is: 1st child - \$100, each additional child (up to 3) - \$75, 4 or more each additional child - \$25.

Practice times are as follows:

May 10,11,12,17,18,19,24 Ages 12 & up 4-5 pm - 11 & under 5-6 pm

Beginning June 1st

11 and up practice 8-9 am Monday, Tuesday, Thursday, Friday

10 and under practice 9-10 Monday, Tuesday, Thursday, Friday

Dual Meet Dates: June 2,9,16,23

City Meet: June 28 (if allowed)

Swimmer Last Name: _____ First Name: _____

Age:(as of 5/31/21): _____ Date of Birth: _____ Sex: _____

Swimmer Last Name: _____ First Name: _____

Age:(as of 5/31/21): _____ Date of Birth: _____ Sex: _____

Swimmer Last Name: _____ First Name: _____

Age:(as of 5/31/21): _____ Date of Birth: _____ Sex: _____

Swimmer Last Name: _____ First Name: _____

Age:(as of 5/31/21): _____ Date of Birth: _____ Sex: _____

Parent/Guardian Names: _____ Phone: _____

Secondary Phone: _____ Email: _____

Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Registration Fee

Amount Owed

1st Child - \$100

\$ _____

2nd & 3rd Child - \$75

\$ _____

4th Child & more - \$25

\$ _____

Total Amount owed: \$ _____

**Swim caps, t-shirts, bathing suits, fees not included.

Payment Method

All Fees are non-refundable. Please enclose a check, cash, or fill out credit card information. Make check payable to Grand Ridge Pool. Return application and payment to: Pro Shop Desk or Office.

Email to grandridge.swim@gmail.com

Mail to: Grand Ridge, Attn: Swim Team, 500 Willowdale Blvd, Luling, LA 70070

Circle: Cash/Check \$ _____

Office Use Only

Grand Ridge Account # _____ Member's Name _____

Payment Method: Cash/Check # _____ Amount paid: _____ Date paid: _____

Release and Waiver: I, the member, certify that by registering Participant for this Program, that I am aware of all of the inherent risks associated with participation in any exercise program. I, and the Participant, understand that participation in the program is entirely our choice and it is with this understanding of risk of accidental injury involved in any activity, that I have given my full consent for the Participation to take part in these sports activities. I certify that I have contacted the Participant physician about his/her participation in the program and that the physician has examined the Participant and has endorsed the Participant's participation in the program. With this release form I also certify that any medical expenses, should an injury occur, are covered by my insurance policy or will otherwise be borne by me personally. I also authorize any licensed hospital, or licensed health care practitioner to perform an examination or render any emergency treatment, which may be necessary in the event the Participant is injured during his/her participation if I am not present to direct the course of his/her treatment. In consideration of the Participant being allowed to participate in the program, I hereby, for the Participant, personally, assume all risk in connection with the program, and I further release the Grand Ridge Country Club, its successors, employees and agents, from any and all liability for any injury or damage which may occur as a result of the Participant's participation in the program, including all risks connected therewith, whether foreseen or unforeseen; and, further, to save and hold Grand Ridge Country Club, its officers, employees, directors, and agents, from any claim by me individually or on behalf of his/her, family, estate, heirs, or assigns, arising out of his enrollment and participation in the program. I have fully informed myself of the contents of this release agreement by reading it before initialing it. I agree that no oral representations, statements, or inducements apart from the foregoing written release agreement, have been made. I agree that the foregoing release agreement and waiver are intended to be as broad and inclusive as permitted by the laws of the State of Louisiana, and that if any portion thereof is held invalid, it is agree that the balance shall, notwithstanding, continue in full force and effect.

PARTICIPANT OR GUARDIAN SIGNATURE:

DATE:
