

ROSEVILLE PARKS, RECREATION & LIBRARIES DEPARTMENT

YOUTH SPORTS DIVISION  
2011 REGISTRATION FORM

**SUGARBEARS SWIM TEAM**

Last Name \_\_\_\_\_ Father's 1st Name \_\_\_\_\_  
 Address \_\_\_\_\_ Mother's 1st Name \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Message) \_\_\_\_\_  
 Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I would like to transfer to the Woodcreek Sea Wolves.

Please list each child's name in the appropriate age group below.

*Age group is determined by child's age as of June 15.*

<u>Code</u>	<u>Age Group (As of June 15)</u>	<u>Child's Name</u>	<u>Birthdate</u>
54897	Girl 6 & U	_____	____/____/____
54898	Boy 6 & U	_____	____/____/____
54899	Girl 7-8	_____	____/____/____
54900	Boy 7-8	_____	____/____/____
54901	Girl 9-10	_____	____/____/____
54902	Boy 9-10	_____	____/____/____
54903	Girl 11-12	_____	____/____/____
54904	Boy 11-12	_____	____/____/____
54905	Girl 13-14	_____	____/____/____
54906	Boy 13-14	_____	____/____/____
54907	Girl 15-18	_____	____/____/____
54908	Boy 15-18	_____	____/____/____

**REGISTRATION FEES**

1st Swimmer Fee:	\$225.00	OR	\$250.00	=	\$ _____
	Resident		Non Resident		Amount
2nd Swimmer Fee:	\$200.00	OR	\$225.00	=	\$ _____
	Resident		Non Resident		Amount
3rd+ Swimmer Fee:	\$175.00	OR	\$200.00	=	\$ _____
	Resident		Non Resident		Amount
Senior Swimmer Fee*: (Starting after May 23)	\$135.00	OR	\$145.00	=	\$ _____
	Resident		Non Resident		Amount

**GRAND TOTAL** = \$ \_\_\_\_\_

Please make checks payable to the City of Roseville

\*Senior swimmer registration must be turned in at one of the walk in registration dates to ensure a spot on the team. However, swimmer can not begin practicing until May 23.

**Parent Volunteer Check List**

(Parent participation is an essential part of any successful swim team. It is also a fun way to meet the parents of other swimmers. **Each family will be required to volunteer a minimum of 14 hours during swim meets this summer.** Please check at least one area you would like to be considered for. Thank you!

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Stroke & Turn Judge | <input type="checkbox"/> Snack Bar     | <input type="checkbox"/> Ribbon Person     | <input type="checkbox"/> Team Parent    | <input type="checkbox"/> Program Sales |
| <input type="checkbox"/> Hospitality         | <input type="checkbox"/> Split Timer   | <input type="checkbox"/> Day-of-Meet Prep. | <input type="checkbox"/> Computer Input | <input type="checkbox"/> Runner        |
| <input type="checkbox"/> Team Sponsor        | <input type="checkbox"/> Welcome Wagon |  |   |  |

Roseville Parks, Recreation & Libraries Department  
 Sports/Aquatics Division  
**Roseville Sugarbears Swim Team**  
**EMERGENCY INFORMATION FORM**  
 (Please Print)

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mother \_\_\_\_\_ Work # \_\_\_\_\_ cell# \_\_\_\_\_  
 Father \_\_\_\_\_ Work # \_\_\_\_\_ cell# \_\_\_\_\_  
 Email \_\_\_\_\_  
 Child's Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Are there any medical problems, physical disabilities, or injuries that the coaching staff should be aware of? YES \_\_\_ NO \_\_\_  
 If you answered yes, please explain below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In case of an emergency if a parent can not be reached, please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
 Medical Record Number \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY, REPRESENTATIVE, OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO ANY ADULT EMPLOYEE OF THE CITY OF ROSEVILLE TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY ADULT LICENSED PHYSICIAN (M.D.) OR DENTIST (D.D.S) FOR \_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB. OR WELL BEING OF MY DEPENDENT.

My child has allergic reactions to the following medications:

\_\_\_\_\_

Date \_\_\_\_\_ Parent/Agency Representative/Guardian Signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

CITY OF ROSEVILLE AUTHORIZATION BY PARENT OR GUARDIAN TO ADULT PERSON TO CONSENT TO MEDICAL, SURGICAL, HOSPITAL AND DENTAL CARE TO MINOR. THE UNDERSIGNED, who is the parent or the legal guardian of \_\_\_\_\_ hereby authorizes any adult employee of THE PARKS, RECREATION, AND LIBRARIES DEPARTMENT of the CITY OF ROSEVILLE, into whose care the above named child has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the City of Roseville neither assumes or admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given in consideration of participation of the named child in a program conducted by the Parks, Recreation, and Libraries Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE TO PARENTS: This form is not a waiver of any of your rights. Its purpose is to authorize adult employees of the Roseville Parks, Recreation, and Libraries Department to obtain medical, surgical, or dental aid for you child should the need arise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**City of Roseville Parks & Recreation Department**  
**PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND**  
**INDEMNITY AGREEMENT**

In consideration of permitting the below named participant(s) to enroll in and participate in the above class(es) given, taught or sponsored by the City of Roseville ("CITY"), the Undersigned hereby voluntarily releases, discharges waives and relinquishes any and all actions or causes of action or personal injury (including death) or property damage occurring to him/herself arising as a result of participating in or receiving instructions in said activity or any incidental activities.

The Undersigned agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury (including wrongful death) or property damage against "CITY" or any of its officers, agents, servants or employees for any of said or similar causes of action, including those which arise by the negligence of CITY or any of said persons. IT IS THE INTENTION OF \_\_\_\_\_

**Name of Participant(s)**

BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE CITY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

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The Undersigned further agrees to defend, indemnify and to hold harmless the CITY, its officers, employees, and agents, from any loss, liability, damage, cost, or expense arising out of the participation in said activity.

The Undersigned acknowledges that he/she, has been fully and completely advised of the potential dangers incidental to engaging in the activity, fully and voluntarily assumes the risks of engaging in the activity. The Undersigned has read this document and is fully aware of the legal consequences of signing it.

**Print Name of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

If the participant in the activity is a minor, I, as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

**Print Name of Parent or Guardian** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

If you will need specific accommodations in order to participate in a program, call 774-5950. TDD users may contact the California Relay Service at 1 (800) 735-2929.

\_\_\_\_\_ New Swimmer

\_\_\_\_\_ Returning Swimmer

**NORTHERN CALIFORNIA SWIM LEAGUE  
Application for Swimmer Registration**

2011 Swim Season

Swim Team Name \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_ **Gender** \_\_\_\_\_  
(First) (Initial) (Last)

Name as it appears on birth certificate (if different than above) \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Month-Day-Year)

\_\_\_\_\_ (First) (Initial) (Last) Age on **June 15, 2011** \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
(Street) (City) (Zip)

1<sup>st</sup> Parent/Guardian: \_\_\_\_\_ 2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT AND LIMITATION OF LIABILITY**

- A. If you cannot contact me, as the parent or legal guardian of the Applicant, I hereby consent to the administration of emergency medical care to the Applicant as prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given as necessary to preserve the life, limb and well being of the Applicant.
- B. I hereby consent to the Applicant's participation in any and all activities relating to the Northern California Swim League (the "League"), including but not limited to swim meets, both formal and informal, swim practices, social events and transportation to and from these activities.
- C. To the best of my knowledge, the Applicant is in good physical and emotional condition and health such that there are no restrictions on the Applicant's ability to participate in any of the activities of the League, including but not limited to swim meets, swim practices, social events and transportation to and from said activities.
- D. I hereby expressly assume all risks and hazards associated with the Applicant's participation in the League, waive and release the League from all liability for said risks and hazards, and agree to defend, indemnify and hold the League harmless from and against any and all claims, actions, damages, liabilities, costs and expenses (including attorney's fees and legal costs) arising from or in any way connected with Applicant's participation in the League. For purposes of this paragraph D, the term "League" includes each of the following individuals and entities: the League and its directors, officers, officials, employees and volunteers; each member team of the League and its directors, officers, officials, employees, supervisors, coaches, members, parents, volunteers and participants of every type; and each member team's sponsoring club or entity.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed Name of Parent or Guardian)

Has the Applicant been a member of any other swim team (other than high school or inter-collegiate team) during the 2011 calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name, location and league affiliation of the other swim team and the dates during which Applicant was a member.

Has the Applicant competed in any swim meets or swim team practices (other than high school or inter-collegiate meets or practices) since January 31, 2011? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain, including dates of practices and/or swim meets.

Has the Applicant registered with any other team in the Northern California Swim League for the 2011 season: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name of the swim team. \_\_\_\_\_

**I have read, understand, and agree to Section 11.03 of the Northern California Bylaws (Page 2 on the back side of this form)**

\_\_\_\_\_  
(Signature of Parent or Guardian)

**BYLAWS OF THE NORTHERN CALIFORNIA SWIM LEAGUE**  
**SWIMMER ELIGIBILITY**

**Section 11.03. Events Causing Ineligibility**

- (a) If, between the time period commencing on February 1 and continuing through the completion of all four conference championship meets, an individual:
  - (i.) Swims in any United States Swimming-sanctioned meet; or
  - (ii.) Participates in any stroke-and-turn clinic in February or which does not comply with Section 12.06; or
  - (iii.) Practices with, or competes for, any swimming team other than the swimmer's Team; then said individual shall be ineligible to register and participate (or continue participating, as the case may be) in the League swimming season occurring in said calendar year.
- (b) For the period commencing February 1 and ending March 31 an individual shall be ineligible if that individual participates in any swim practice at the direction or supervision of any coach. For purposes of this section "direction" or "supervision" shall include any oral or written directions given by a coach to a swimmer.
- (c) ~~Sections 11.03(a) and (b) notwithstanding, an individual will remain eligible to participate in a League swimming season if the individual participates on any of the following teams at any time between February 1 and the end of the League's swimming season:~~
  - (i.) High school swimming teams;
  - (ii.) Intercollegiate (junior college, community college, college or university) swimming teams;
  - (iii.) Water polo or synchronized swimming teams;
  - (iv.) Another Team of this League provided that either the individual's participation is limited to attendance at stroke-and-turn clinics sponsored by said other member Teams or the individual complies with Section 11.04 of these Bylaws;
  - (v.) A team which is a member of another recreational league, provided that said team has not practiced during the time period commencing on February 1 and running through March 31, and further that the individual complies with Section 11.05 of these Bylaws.
- (d) A participant who becomes ineligible after the League swimming season commences shall immediately cease participation in all League swimming meets remaining in the season. All points scored by the participant prior to the date of his ineligibility shall remain valid and in full force and effect. If a participant competes in a League meet while ineligible, all points scored by the participant and any relay of which the participant was a member shall be rendered null and void, and the participant shall be deemed disqualified from all said events.

