

**Sharon Sea Eagles
2016/17 Swim Team Tryouts
Registration Form**

Swimmer's Name		Gender	M or F
Date of Birth		Age as of 11/1/16	
Town of Residence			
Parent E-Mail 1		Parent E-Mail 2	

For timer's use:

Freestyle

Time 1		Time 2		Time 3	
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Backstroke

Time 1		Time 2		Time 3	
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Hockomock Area YMCA

Release of Liability/Participation

I am an adult age 18 or older and wish to participate in Hockomock Area YMCA activities. In addition, if applicable, I give permission for my dependents to participate in Hockomock Area YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the Hockomock Area YMCA allowing me, and if applicable, my spouse and my dependents to participate in Hockomock Area YMCA activities, I understand and expressly acknowledge that I release the Hockomock Area YMCA, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Hockomock Area YMCA activities whether on or off the Hockomock Area YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the Hockomock Area YMCA, its employees, boards, members, volunteers and guests.

Parent's Name (if swimmer is under age 18)

Swimmer's Name

Parent's Signature (if swimmer is under age 18)

Swimmer's Signature (if swimmer is age 18+)