

**TROY RECREATION DEPARTMENT
2008 TROY TIDAL WAVES SWIM TEAM
MAY 12 - JULY 19
AGES 6 - 18
at the Troy Aquatic Park

(TEAM LIMIT OF 130)**

**PRACTICES BEGIN:
MONDAY THRU WEDNESDAY, MAY 12-14
MONDAY THRU WEDNESDAY, MAY 19-21
7:00 – 8:00 P.M.**

(SUMMER SCHEDULE WILL BE DISTRIBUTED AT A LATER DATE)

NOTE: CHILD NEEDS TO BE ABLE TO SWIM 25 YARDS TO PARTICIPATE

Name _____ Male/Female _____

Address _____
(street) (city) (zip)

Phone _____ Birthdate _____ Age _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____
(neighbor or relative)

Parent's Name _____

E-Mail Address _____

Would mother/father be interested in volunteering to assist in staffing of swim meets? Yes ___ No ___

Volunteer's Name _____

May we provide your contact information to Swim Team Parents to assist them in communications with parents? ___ Yes ___ No

REGISTRATION FEE: _____ **\$30.00 (Troy Aquatic Park Season Pass Holder)**
_____ **\$40.00 (Non-Pass Holder)**
_____ **\$50.00 (Late registration fee after May 3 registration deadline)**

WAIVER AND RELEASE

We, the undersigned, do give permission for our son/daughter to participate on the Youth Swim Team. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Swim Team Program. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date _____ Signature _____
(parent or legal guardian)

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.