



2018 SWIM TEAM REGISTRATION FORM

CONTACT INFORMATION

	Name	Cell Phone	Email Address
Parent/Guardian 1			
Parent/Guardian 2			
Emergency Contact			

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

SWIMMER INFORMATION

Swimmer 1

Name: _____

Birth date (MM/DD/YY): _____ Age by 5/29/18: _____

Race: White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander Bi-Racial
 Prefer to not identify

Grade: _____ School: _____

T-Shirt Size (Youth S-XL or Adult S-3XL): _____

Swimming Ability: No Experience Beginner Intermediate Advanced

Please include all special medical conditions, allergies, medications and/or significant injuries that the swim team staff should be aware of:

Swimmer 2

Name: _____

Birth date (MM/DD/YY): _____ Age by 5/29/18: _____



Swimmer 2 (continued)

Race: White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander Bi-Racial
 Prefer to not identify

Grade: _____ **School:** _____

T-Shirt Size (Youth S-XL or Adult S-3XL): _____

Swimming Ability: No Experience Beginner Intermediate Advanced

Please include all special medical conditions, allergies, medications and/or significant injuries that the swim team staff should be aware of:

Swimmer 3

Name: _____

Birth date (MM/DD/YY): _____ **Age by 5/29/18:** _____

Race: White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander Bi-Racial
 Prefer to not identify

Grade: _____ **School:** _____

T-Shirt Size (Youth S-XL or Adult S-3XL): _____

Swimming Ability: No Experience Beginner Intermediate Advanced

Please include all special medical conditions, allergies, medications and/or significant injuries that the swim team staff should be aware of:



PARENT/GUARDIAN RELEASE

My child(ren) has/have no known medical condition that would prevent him/her from participating on the swim team. I give my permission for my child(ren) to participate on the Ziegler Park Swim Team and in its activities. I release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless Cincinnati Center City Development Corporation (3CDC), SwimSafe Pool Management, Inc, Ziegler Park, LLC, and the City of Cincinnati, including but not limited to their board members, employees, officials, agents, coaches and volunteers (the "Releasee") from all liability, claims, demands, and losses, including attorney fees, personal injury or property damage alleged to be caused in whole or in part by the negligence of the Releasee or otherwise.

Parent/Guardian Signature

Date

VOLUNTEER SIGN UP

The Ziegler Park Swim Team is a volunteer run organization. Each family is encouraged to volunteer to help with at least one activity during the regular season. The Meets and Volunteer Coordinator will reach out directly to you during the season to coordinate specific dates and times. Please indicate how you would like to help!

Task	I will help:
Meet Set-Up*	<input type="checkbox"/>
Referee, Stroke or Turn Judge*	<input type="checkbox"/>
Timers/Scorers*	<input type="checkbox"/>
Ribbons*	<input type="checkbox"/>
Meet Food Distribution	<input type="checkbox"/>
Post Meet Clean Up*	EVERYONE 😊
Team Banquet	<input type="checkbox"/>
Team Photos/Historian	<input type="checkbox"/>

*Home Meet only

HOW TO RETURN THIS *SIGNED* FORM

1. Via email to ZieglerParkSwimTeam@gmail.com
2. Print and drop off at 3CDC offices (1203 Walnut St, 4th Floor Cincinnati, OH) during business hours, Monday- Friday 8am-5pm

PLEASE NOTE: You can also pick up a paper copy of this registration form at the 3CDC offices during business hours (address listed above).