

Blairwood **SwimAmerica** -- **Swim Team**

Fall 2011 & Winter 2012 Team Practice – for all BSAT Members

PRACTICE #1 – **CURRENTLY FULL**

September 10 – May 26, 2012 (32 practices) Saturday 11am-12pm Cost: \$300 for entire season

PRACTICE #2

November 6 – May 26, 2012 (24 practices) Sunday 5pm-6pm Cost: \$230 for entire season

No Practices: Nov 26 & 27th; Dec. 24 & 25; Dec 31 & Jan. 1, 2012; Spring Break April 7 -15, 2012

Coached by our BSAT coaches: Tito, Casey, Catherine, Mariela & Sterling

Please note swimmers may register for both practices – however, if you are signed up for the Saturday practice and miss – you cannot make up the practice at the Sunday time -- and vice versa

EASY TO REGISTER

APPLICANT INFORMATION - *please print legibly.*

Swimmer's Last Name: _____ First Name: _____

Date of Birth: _____ Age as of 9/10/11 _____ Age as of 6/01/12 _____

Parent's Last Name: _____ First Name: _____

Address: _____ City & State: _____ Zip: _____

Work #: _____ Home #: _____ Cell#: _____

Email Address (must complete): _____

Emergency Contact: _____ Phone #: _____

PAYMENT- Pls return *with payment* to: **Blairwood Tennis, Swim & Fitness • 9300 Blairwood Rd • Lou, KY 40222**

Payment by: Check Cash Visa Mastercard Discover Amex

Amount paid: \$ _____ Card # _____ Exp Date _____

Name of cardholder: _____ Signature: _____

Parent/Guardian Agreement - Please read carefully and sign below:

In consideration of registering my child (or dependent, if Guardian; both hereinafter referred to as "Participant") for Blairwood Swim Team Winter Training at Blairwood Tennis, Swim and Fitness Club ("Blairwood"), I certify that Participant is of normal health and in proper physical condition to participate in the training, and has not been otherwise informed by a physician. On behalf of Participant, I acknowledge that I am aware of the risks inherent in participating in swimming (both practice and competition); that swimming is a physical sport which can require considerable physical exertion; and could potentially lead to possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of the Participant's participation in the training(s). I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation in the Swim Team Training(s) at Blairwood. In the event I cannot be reached in an emergency, I hereby give permission to the Blairwood staff to secure emergency medical services, including transportation and physician.

PRESS/MEDIA RELEASE: We permit the free use of our name and family members names and pictures used on this application in broadcasts, telecasts, newspapers, brochures, and any other form of communication to which such use may be applied.

SIGNATURE OF PARENT(S)/GUARDIAN: _____

Should you have questions, please contact Jill Burckle at BlairwoodSwimA@aol.com or 426-8820 ext 229.