

NEWTON PARKS AND RECREATION DEPARTMENT
WINTER 2019 – 2020 NBF SWIM REGISTRATION FORM

Swimmer's Name: _____ DOB _____ Gender: F / M
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Street City Zip

PHONE: _____

CELL: _____
(For emergency use only)

E-MAIL: _____
(For NBF swim team use only - print clearly – **Emails will only be sent to email addresses listed above**).

Parental Consent Release from Liability and Indemnity for participation in the P & R Swim Team.

I/We, the undersigned father and mother, or guardian(s), of _____ a minor, do hereby consent to his/her participation in the Newton Parks and Recreation Department and Newton Bluefish Swim Team Program. I/We forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts and its successors, departments, officers, employees, servants, agent, of and from any and all actions caused of action, claims, demands, damages, cost, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/We may now or hereafter have as the parent(s) of or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in the Swim Team Program. FURTHERMORE, I/We hereby agree to protect the City of Newton, Newton Bluefish, LLC and its successors, departments, officers employees, servants,

and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of, or resulting from, injury to said minor in connection with his/her participation in the Swim Team Program and to IDENTIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in the Swim Team Program.

Signature Parent or Guardian: _____ DATE: _____

THIS FORM MAY NOT BE ALTERED.

Please list any medical issues that your son/daughter may have that the Coaches/Newton Parks and Recreation Department should be aware of:

This form must be **fully** completed and signed before your child can participate in the swim team program.

VACATION DATES: _____

Please be advised that the registration fee DOES cover the program fee for the Parks and Rec swim programs at Newton North High School.

Pictures may be posted on the team website only if you agree to have your swimmer's pictures posted, please sign below. No names will be used.

Signature of Parent/Legal Guardian: _____

_____ \$450 per swimmer (No refunds)

_____ Cash or check payable to **NEWTON BLUEFISH, LLC**

Please print clearly both father/mother/guardians first and last names:

REGISTRATION DEADLINE: October 19, 2019

Mail completed form and payment by October 19 to **Newton Bluefish, LLC, C/O Mary & Scott Pohlman, 3 Proctor Street, Newton, MA 02460.**