PLEASE PRINT CLEARLY !

Office Use Only:
Parent's Club Fee Check or Invoice Number
_____
Initials _____
Date _____

RMSC SWIM TEAM REGISTRATION FORM

Please make checks for Registration Fees payable to "RMSC Parents' Club, Inc." Please make checks for Programs Fees payable to "The City of Rockville"

Documentation of Parents Club registration (Online Payment or Check) will be required before program fee payment is accepted at the Swim and Fitness Center to finalize registration for the team.
ALL FEES MUST BE PAID BY THE DEADLINE TO SECURE YOUR SPOT

PARENTS / GUARDIAN NAMES _____
Last First MI.

_____
Last First MI.

ADDRESS_____CITY_____STATE_____ZIP_____

Primary Phone_____ Parent / Guardian 1 Cell #_____ Parent/Guardian 2 Cell #_____

Email (**CONFIRM EMAIL**): _____

RMSC SCHOLARSHIP DONATION (OPTIONAL)
Donate to the RMSC Parents Club Scholarship Fund $_____ (Add to Parents Club Check)

Swimmer's Name(s) Last, First M.I.	Gender	DOB	Group	Suit Size & Style	Shirt Size

Release, Waiver, Assumption of Risk and Consent and MAAPP Acknowledgement

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program. By my participation in a City of Rockville, Department of Recreation and Parks program and/or entering this facility, I agree to follow all posted and/or published rules and staff member's instructions. Violation may result in removal from the program and/or suspension from the facility. Policy Acknowledgement - Minor Athlete Abuse Prevention Policy (MAAPP): I acknowledge that I and all other adults/guardians related to the swimmer have received, read and understood the Minor Athlete Abuse Prevention Policy (available online at www.usaswimming.org/Home/safe-sport). I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of participation with Rockville-Montgomery Swim Club (USA Swimming member club).

Signature of Participant/Guardian_____ Date_____