NEWTON BLUEFISH SWIM TEAM
WINTER 2024 – 2025 SWIM REGISTRATION FORM

Gender:

Swimmer's Name: _____ ***DOB***_____ ***F / M***

Swimmer's Name: _____ ***DOB***_____ ***F / M***

Swimmer's Name: _____ ***DOB***_____ ***F / M***

Swimmer's Name: _____ ***DOB***_____ ***F / M***

Street City Zip

PHONE: _____

CELL: _____
(For emergency use only)

EMAIL:_____
(For NBF swim team use only - print clearly – **Emails will only be sent to email addresses listed above so please include all emails. This information must be completed each swim season**).

Parental Consent Release from Liability and Indemnity for participation in the Newton Bluefish Swim Team.

I/We, the undersigned self/parent/guardian, do hereby consent to our participation in the Newton Bluefish Swim Team. 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 and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, 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) or guardian(s) of said family, and also all claims or rights of actions or damages which said family has or hereafter may acquire, either before or after our participation in the Newton Parks, Recreation and Culture Department. FURTHERMORE, I/We hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said family growing out of or resulting from injury to said family in connection with our participation in the said Newton Parks, Recreation and Culture Department and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said family's participation in the said Newton Parks, Recreation and Culture Department.

The team must follow all City and State Covid protocols as they become mandated. There are no refunds if the season cannot be completed.

Signature Parent or Guardian: _____ DATE: _____
(Signature required)

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: _____

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: _____

_____$535 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, 2024

Mail completed form (cash will be due first practice) and payment by check by October 19 to **Newton Bluefish, LLC, C/O Mary & Scott Pohlman, 3 Proctor Street, Newton, MA 02460**.