

**NEWTON BLUEFISH, LLC**  
**2026 SPRING SWIM TEAM REGISTRATION FORM**

Swimmer's Name: \_\_\_\_\_ DOB \_\_\_\_\_

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Swimmer's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Street	City	Zip
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LANDLINE PHONE: \_\_\_\_\_

CELL PHONE: (For emergency use only) \_\_\_\_\_

E-MAIL(S): \_\_\_\_\_

**(For Newton Bluefish, LLC swim team use only - print clearly). Emails will only be sent to emails listed above.**

Parental Consent Release from Liability and Indemnity for participation in the Newton Bluefish, LLC swim team program.

I/We, the undersigned father and mother, or guardian(s) of \_\_\_\_\_ a minor, do hereby consent to his/her participation in the Newton Bluefish, LLC swim program. I/We forever RELEASE, acquit, discharge and covenant to hold harmless Newton Bluefish, LLC and the City of Newton, a municipal corporation of the Commonwealth of Massachusetts and its successors, departments, officers, employees, servants and 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 way 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 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 Newton Bluefish, LLC and 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 minor growing out of, or resulting from, injury to said minor in connection with his/her participation in the Swim Team Program 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 minor's participation in the Swim Team Program.

**PRACTICE GROUPS ARE AGE AS OF March 15, 2026.**

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MAY NOT BE ALTERED**

Please list any medical problems that your son/daughter may have that the NBF coaches or the Newton Parks and Recreation staff should be aware of:

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

If you are a new member, have you been a member of any other swim team? If so, name of team and length of membership.

Pictures may be posted on the team website only. If you agree to have your swimmer's pictures posted, please sign below.

**Payment: Cash at first practice or mail check payable to Newton Bluefish, LLC.**  
**"NO REFUNDS"**

\_\_\_\_\_ \$275 each child

\$ \_\_\_\_\_ Total payment due