

2010 REGISTRATION FORM  
Richmond Metropolitan Aquatic League (RMAL)  
And Bon Air Community Association

SWIMMER'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
No. & Street City State Zip

Date of Birth: \_\_\_\_\_

SWIMMER'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
No. & Street City State Zip

Date of Birth: \_\_\_\_\_

SWIMMER'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
No. & Street City State Zip

Date of Birth: \_\_\_\_\_

SWIMMER'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
No. & Street City State Zip

Date of Birth: \_\_\_\_\_

If swimmer swims year-round for a USA Swimming team, enter team: \_\_\_\_\_

If swimmer swam for a different summer team last year, enter team: \_\_\_\_\_

**MEDICAL INFORMATION AND WAIVER**

Swimmer's known medical conditions, allergies, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name of responsible individual to be reached in event of an emergency:  
 \_\_\_\_\_ Phone: (H) ( ) (W) ( )

I, the undersigned parent/guardian hereby give my permission to the acting representative(s) of Richmond Metropolitan Aquatic League or Bon Air Community Association to provide or obtain any first aid, medical treatment, or service deemed necessary for my child in the event of an accident, injury, or illness, when I am not available. I indemnify and hold harmless such representative(s) individually, RMAL and Bon Air Community Association, and their officers, directors, coaches, officials, employees, or agents from any and all costs and/or liability arising from such treatment. **A non-parent cannot legally sign this waiver for other people's children. It must be signed by a parent/legal guardian.**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature

Richmond Metropolitan Aquatic League (RMAL)  
And Bon Air Community Association

WAIVER OF LIABILITY

SWIMMER'S NAME:				
	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	
ADDRESS:				
	<b>No. &amp; Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Date of Birth:				
SWIMMER'S NAME:				
	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	
ADDRESS:				
	<b>No. &amp; Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Date of Birth:				
SWIMMER'S NAME:				
	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	
ADDRESS:				
	<b>No. &amp; Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Date of Birth:				
SWIMMER'S NAME:				
	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	
ADDRESS:				
	<b>No. &amp; Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Date of Birth:				

The undersigned, as parent or legal guardian of the above-named swimmer(s) ("Swimmer(s)"), hereby gives permission for Swimmer(s) to participate in the aquatics program sponsored by RMAL and Bon Air Community Association. It is understood that RMAL is a nonprofit, volunteer organization which sponsors this program as a community service. Accordingly, the undersigned **HEREBY EXPRESSLY AGREES** to release, hold harmless, and waive all claims against RMAL, Bon Air Community Association, and the officers, directors, coaches, officials, employees, agents, of either entity (collectively, the "Sponsors") from any and all liability for any injury, illness, death, or property damage sustained by, or caused by Swimmer, whether arising from the negligence of the Sponsors or otherwise, while attending, participating in, or traveling to or from Sponsors-sanctioned activities. **A non-parent cannot legally sign this waiver for other people's children. It must be signed by a parent/legal guardian.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Swimmer, if 18 years old