

Swimmers Name: _____ Age _____ Dates Attending _____

The OBX Swim Club welcomes swimmers from around the country to practice with our team at the Outer Banks Family YMCA.

Visitor Policies of the Outer Banks YMCA (252) 449-8897

Non-Member Day Passes: **\$15.00**

“AWAY” YMCA Members (YMCA members not in the Hampton Roads Y Region): **\$10.00**

10 Day Pass: **Individual \$75 Family \$95** (Defined as mother, father, and dependent children under age 23).

These rates apply only to those who live 100 miles or more from the Outer Banks Family YMCA

The OBX Swim Club conditionally accepts “Registered USA swimmers” to practice with us without charge. However, being a small program certain logistics, lane and space limitations and restrictions may apply. Thus, we must reserve the right to limit access if necessary for the benefit of our own club members. Unfortunately, this means we may not be able to accommodate younger, novice swimmers not compatible with our swimmers.

PLEASE ... Contact the Head Coach regarding practice times and availability during your visit:

obxswimcoach@gmail.com or 252-715-1797 or 252-599-SWIM (7946).

Be sure to secure your YMCA pass before attending any practice session.

Please print, sign and return, email or fax this form to the coaching staff including verification of USA Swimming Membership.

Assumption of Risk, Release and Indemnification Agreement:

For and in consideration of membership for my minor child in the activities of OBX Swim Club, Inc. and of my child being permitted to utilize the facilities, services and programs of the OBX Swim Club, Inc. and for other good and valuable consideration the receipt of which is hereby acknowledged, I the undersigned, for myself and for my minor child, do hereby release and forever discharge OBX Swim Club, all its officers, agents, and employees from and against any and all claims of damages, demands, and actions and/or causes of action for personal injury, illness, death, and/or property damage arising from my child's participation in any activity of the swim team sponsored by OBX Swim Club, Inc. I further agree to indemnify and save harmless the OBX Swim Club, Inc. from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the OBX Swim Club, NC, its directors, officers, members or guests. I have read, understand and am voluntarily signing this authorization and release on behalf of myself and my child, fully intending to be bound by it. I hereby attest and verify that I have full knowledge of the risks involved in the sport of swimming; I assume those risks for myself and for my minor child; and I assume and shall be solely responsible for medical and/or emergency expenses resulting from my child's accident, illness and/or incapacity, if any, whether or not I expressly authorized such expense.

I acknowledge and attest that I have or will read and comply with all rules and regulations of OBX Swim Club, Inc. I attest that my minor child is physically fit and sufficiently trained to participate in competitive swimming. As the parent of the minor child listed below, I shall be personally responsible for and liable for the actions and conduct of my child and for any damage or injury he or she may cause while participating in the activities of OBX Swim Club. If my child is in need of emergency medical treatment, I authorize the coaches, lifeguards, and/or a responsible adult to seek immediate attention for my child by calling the appropriate emergency services. I also understand that they will make every effort to contact the parent and/or legal guardian at that time. I hereby execute this release and indemnity as parent and/or legal guardian of the child, having fully read, and freely and voluntarily agree to its terms and conditions.

In Witness Whereof, I have set my hand this day. Date: _____ Year _____.

USA TEAM _____ USA ID# _____ (required)

Average Training Yardage _____ Concerning limitations? _____

City _____ State _____

Parent's Name (printed): _____ Parent's Signature: _____

Phone _____ Email _____

Number where you can be reached during your stay _____

YMCA Membership ID# _____ (if applicable)

