West Springfield Torpedoes Competitive Swim Team

HOW DO I REGISTER?

PRE-REGISTRATION and payment is required by 4:00pm, Friday, October 24th

ONLINE: We recommend using this option. To register for programs, visit **https://web1.myvscloud.com/wbwsc/mawestspringfieldwt.wsc/splash.html** **(Visa/Mastercard)**

IN-PERSON: Bring your completed paperwork and payment **(Cash/Check ONLY)** into the Town Hall during regular business hours (8:00AM - 4:00PM, Monday – Friday).

DROP BOX: Bring your completed paperwork and payment **(Cash/Check ONLY)** to the white drop box outside of the Town Hall. Label envelope **"W.S. Park & Recreation Dept."**

MAIL IN: Completed paperwork and payment **(Check)** can be mailed to West Springfield Park & Recreation Dept., 26 Central St. Suite – 19, West Springfield, MA 01089

FMI: Email: parkandrec@tows.org ~ Phone: (413) 263-3284 ~ Checks or Money Orders made payable to: "Town of West Springfield"

TORPEDOES SWIM TEAM (WST) Registration Form

HOUSEHOLD CONTACT INFO:

#1 PARENT NAME:_____Address:_____City/Zip:_____Phone #:_____Email:_____

#2 PARENT NAME:_____Address:_____City/Zip:_____Phone #:_____Email:_____

EMERGENCY CONTACT NAME (other than parent):_____ Phone #:_____Relationship to Swimmer:_____

MEDIA CONSENT: Coaches plan to record video of swimmers from the deck and underwater to provide instructional feedback. These videos will not be shared to the public and will be destroyed at the conclusion of the season. Swimmers who do not want to be recorded will not be. Do you consent to having your swimmer recorded for this purpose during the swim season? _____YES _____NO

VOLUNTEER HELP NEEDED: I am interested in assisting the Torpedoes (check all that apply): _____BOARD MEMBER _____SUPERVISE DECK DUTY _____AT SWIM MEETS

Swimmer's Name:	Returning Swimmer? (Y or N)	Gender: M/F	D.O.B.	Current Grade:	School Attending	Medical Concerns?	Purchase Bathing Suit? (additional fee) Boys $ 30.00 Girls $ 35.00	Purchase Silicone Swim cap? (additional fee) ($10.00)	W.S. Resident Swim Team Fee	NON-Resident Swim Team Fee	Total
							$	$	$ 125.00	$ 175.00	$
							$	$	$ 120.00	$ 175.00	$
							$	$	$ 120.00	$ 175.00	$

In consideration of being permitted to participate in West Springfield Park and Recreation Department programs/activities (hereinafter the "Program") I, the undersigned, on behalf of the participant listed above (hereinafter "Participant"), and for myself, my heirs, personal and/or legal representatives, next of kin, and assigns (hereinafter collectively referred to as "I" or "ME"), hereby:

1. RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE the Town of West Springfield, its agents, servants, employees, officials, volunteers, contractors, representatives (hereinafter the "Town") from any and all liability, claims, demands, actions, suits, loss and causes of action whatsoever arising out of or related to any loss, damage, or injury, including, but not limited to, death, illness, injury and/or disease of any kind, and including but not limited to any death, illness, injury and/or disease in any way related to or arising out of the novel coronavirus (COVID-19), that may be sustained by the Participant and/or arising out of or related to the Participant's participation in the Program, regardless of whether they arise in tort, contract, strict liability, or other legal theory.

2. INDEMNIFY, SAVE and HOLD HARMLESS the Town from any and all liability, claims, demands, actions, suits, loss, and causes of action and any cost it may incur, including court costs and attorneys' fees, arising out of or related to the Participant's participation in the Program, regardless of whether they arise in tort, contract, strict liability, or other legal theory.

3. ACKNOWLEDGE that the Participant's participation in the Program may be dangerous and may involve the risk of serious injury and/or illness, including COVID-19, and/or death and CONSENT to the Participant's voluntary participation and ASSUME full responsibility for any risk of loss, death, illness, injury and/or disease which I and/or the Participant may sustain arising out of or related to the Program whether known or unknown and whether caused by the negligence of the Town or otherwise.

4. AGREE that this Release and Waiver of Liability and Indemnity Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts and that, in the event any portion of this document is deemed unlawful or unenforceable, said portion shall be severable and the balance of the terms shall continue in full legal force and effect.

5. AGREE that I, the undersigned, am the parent or legal guardian of the Participant. I hereby execute this Release and Waiver of Liability and Indemnity Agreement on the Participant's behalf. I understand that by executing this agreement on behalf of the Participant, I am binding the Participant and ME to the terms of this Release and Waiver of Liability and Indemnity Agreement.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILTY AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHTS AND THE RIGHTS OF THE PARTICIPANT BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

_____ _____ _____ _____

Parent/Legal Guardian Signature **Parent/Legal Guardian Printed Name** **Participant Printed Name** **Date**