

**ADIRONDACK BLUEFINS SWIM CLUB REGISTRATION FORM**  
**2009 Winter Session (Dec 6-March 31,2010)**

FAMILY LAST NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**SWIMMERS NAMES: (AS USED FOR USS REGISTRATION NUMBERS)**

1. \_\_\_\_\_ / / \_\_\_\_\_  
First Name MI Last Name M/F DOB Group

2. \_\_\_\_\_ / / \_\_\_\_\_  
First Name MI Last Name M/F DOB Group

3. \_\_\_\_\_ / / \_\_\_\_\_  
First Name MI Last Name M/F DOB Group

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

<b>DUES:</b>	<b>Group 1:</b>	<b>\$230.00</b>		
	<b>Group 2:</b>	<b>\$260.00</b>		
	<b>Group 3:</b>	<b>\$290.00</b>		
	<b>Group 4:</b>	<b>\$320.00 (Non Scholastic)</b>	<b>( \$220.00 Scholastic)</b>	
	<b>Group 5:</b>	<b>\$350.00 (Non Scholastic)</b>	<b>( \$250.00 Scholastic)</b>	
	<b>Masters:</b>	<b>\$170.00</b>		
	<b>Triathlon:</b>	<b>\$120.00</b>		

**BoysVarsity & Girls& Boys Modified are entitled to scholastic discount.**

When more than one non scholastic swimmer from the same family registers, that *family* is eligible for a \$25.00 discount per session: (Eg: 2 non scholastic swimmers = \$25 discount, 3 non scholastic Swimmers =\$50.00) Please note this discount is not per swimmer  
(If eligible for Scholastic discount you may not take Multi-Child Discount)

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**REGISTRATION FEES (USS and Club)**

USS registration is required for all swimmers. The cost is \$63.00 per swimmer. *A copy of a Birth certificate must be attached to this application if not previously registered with USS.*

In addition to the USS registration fee, there is a \$40.00 club registration fee.

We have implemented a \$50.00 Volunteer fee for any family that has not signed up to work at our next swim Meet.

TOTAL: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
Dues USS reg. Club Reg. Volunteer Multi. Child Disc. Total Payment

Please make check payable to **Adirondack Bluefins**. You may mail your forms and payments to:

**Margaret Schmidt**  
**70 Schoharie Tpke**  
**Athens, NY 12015**  
**(518) 945-2689**

ADIRONDACK BLUEFINS COMPETITIVE SWIM TEAM  
Waiver / Release of Liability

Please read carefully before signing.  
This is a release of liability and waiver of certain legal rights.

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ the enrolled participant, agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

I agree to allow the participant to participate in the Competitive Swim Team program and hereby agree to indemnify and hold harmless Adirondack Bluefins, its coaches, officers, directors, agents and employees against any liability resulting from an injury that may occur to the participant while participating in the Competitive Swim Team program. I also agree to indemnify Adirondack Bluefins for any damages incurred arising from any claims, demands, action or cause of action by the participant.

I authorize any representative of Adirondack Bluefins to have the participant treated in any medical emergency during their participation in the Competitive Swim Team program. I agree to pay all costs associated with medical care and transportation for the participant.

I have noted on this form below any medical/health problems of which the staff should be aware. \_\_\_\_\_

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF IT CONTENTS AND SIGNIFICANCE.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian