



P.O. Box 294, Augusta, NJ 07822

TEAM REGISTRATION

As a condition of membership on our team, we require: new swimmers to our team to meet a certain level of swimming competency; for parents to volunteer at meets (sign-ups at Registration Night and practices prior to our first meet- no experience necessary/training will be provided); and to oblige by to our attendance policy where families shall make every attempt to have their swimmers at practice regularly. Although attendance at all meets is encouraged, swimmers must participate in no less than 50% of our scheduled home meets AND in no less than 50% of our scheduled away meets. There are no donation requirements.

Parent/Guardian Name: _____ Email: _____

Mailing Address _____ Sending District/Town: _____

Home Phone: _____ Cell: _____

Does your child(ren) have any allergies or other medical conditions which will affect, or be affected by, swimming?
Yes () No () If yes, please explain:

Are your child(ren)'s immunizations up to date?
Yes () No () If no, please explain:

Family Physician: _____
Address: _____

Swimmer's Name(s)	Boy/Girl	Age as of 7/1	Date of Birth

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Fees: Please note, fees do not include the cost of suits and apparel. No refunds.

1 Child	2 Siblings	3+ Siblings
\$150.00	\$220.00	\$265.00

Make Checks Payable to the "Kittatinny Barracudas Swim Team"

Please sign only if acknowledging that all of the information provided is accurate, and that you have fully read and understand all family obligations. By registering my child(ren) to participate on the Kittatinny Barracudas Swim Team ("the Team") and in the Walkkill Valley Swim Conference ("the League"), I agree that participation in such releases both the team, league, Kittatinny Regional High School, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren)/family members) while participating in this program, including travel to and from training sessions, swim meets or other scheduled team activities. Furthermore, I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof; I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in these team and league programs. You further agree to indemnify the Kittatinny Barracudas, and its coaches and Board of Trustees, as well as Kittatinny Regional High School, for any costs or liabilities which they may incur as a result of my child's participation on the Kittatinny Barracudas Swim Team.

Parent/ Guardian signature: _____ Date: _____

Do not write here (Office Use Only)

Cash	Check	Check #	Initial	Total