



**CITY OF MILPITAS RECREATION SERVICES**

**MILPITAS TIDAL WAVES SWIM TEAM**

**2016-2017 REGISTRATION FORM**

**Please PRINT all information**

The following information is valid for one Milpitas Tidal Waves swim season, October through August. Please contact the Milpitas Sports Center front desk should any information change.

**PARTICIPANT(S) INFORMATION:**

Swimmer's Name: First \_\_\_\_\_ Last: \_\_\_\_\_

Level:  Dev  Junior Age/ Grade \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2nd Child: First \_\_\_\_\_ Last: \_\_\_\_\_

Level:  Dev  Junior Age/ Grade \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3rd Child: First \_\_\_\_\_ Last: \_\_\_\_\_

Level:  Dev  Junior Age/ Grade \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Does the participant require any special accommodations to participate in this activity?** If yes, specify on the Emergency & Authorized Pick Up Form attached.

**DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND**

I, \_\_\_\_\_ declare that I am the parent/legal guardian of \_\_\_\_\_.  
I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also grant full permission to the City of Milpitas to use the name and any photographs, videographs, motion pictures, or recordings of the individual named herein for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate. I have read, understand, and agree to all of the policies of Milpitas Recreation Services' in regards to Refund/Cancellations, Transfers, Late Pick-Ups, Camp and Workshop Refunds/Transfers, Code of Conduct and Discipline Plan, and Class Cancellations and Wait Lists listed in the current activity guide, on the website and/or on the back of this form. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVEING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE ON BEHALF OF MYSELF AND THE INDIVIDUALS NAMED HEREIN.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  Parent  Legal Guardian

|                        |                      |                          |       |       |
|------------------------|----------------------|--------------------------|-------|-------|
| <b>OFFICE USE ONLY</b> | Rec'd Info<br>Packet | Resident<br>Non-Resident | Staff | RCT # |
|------------------------|----------------------|--------------------------|-------|-------|



MILPITAS TIDAL WAVES SWIM TEAM  
2016-2017 Emergency & Authorize Pick Up  
Form

**Swimmer's Information** (Please complete one form per child)

Level:  Dev  Junior

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age/Grade: \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

**Emergency Contact Information/ Authorized Pick Up**

Parent/ Guardian:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact Person #2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact Person #3:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**ALLERGIES / MEDICAL INFORMATION**

Allergies: Yes\_\_\_\_ No\_\_\_\_\_

If yes, please list all allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications : Yes\_\_\_\_ No\_\_\_\_\_

If yes, please list all medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INHALERS MUST BE IN MESH BAG ON THE POOL DECK FOR EASY ACCESS**

Special Accomodation : Yes\_\_\_\_ No\_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please note that the information provided is confidential and will only be released to medical personnel should an emergency occur.



**MILPITAS**  
Recreation  
Services



## Milpitas Tidal Waves Locker Room Agreement

Swimmer's Name: \_\_\_\_\_

Swimmer's Gender:    M    F

Please read and sign below:

1. I acknowledge that the locker is the property of the City of Milpitas and I will treat it with the utmost respect and leave it in the same condition I find it in. I further acknowledge that any damage that is caused to the locker that has been utilized to me will be my responsibility.
2. I acknowledge that the youth locker room is the only locker room I am allowed to use. The adult locker room is a restricted area and may not be used.
3. I acknowledge that the lockers are NOT individually assigned. They are available on a first come first serve basis.
4. I acknowledge that I must be a registered Milpitas Tidal Waves swimmer in order to be eligible to utilize a locker.
5. If my lock and belongings are not removed daily, my lock will be removed and my belongings donated to charity.
6. I acknowledge that the City of Milpitas is in no way responsible or liable for loss, theft, or damage of the property that I store in the locker room.
7. **I acknowledge that any inappropriate behavior in the locker room will not be tolerated and may result in the removal of locker room privileges for a period of time.**

Swimmer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Milpitas Tidal Waves Member Agreement**

I, the undersigned, acknowledge that I/my child(ren) have read and understood all materials contained in the Milpitas Tidal Waves Swimmer Packet. I understand and accept all policies that are outlined in the packet. I recognize that swimmers are expected to attend at least three practices a week. I understand that there is a minimum number of swim meets (4 meets for Developmental Group and 6 meets for Junior Group). I also acknowledge that there is a mandatory swim meet during the course of the season—the Zone 1 South Championship. I also understand that I am responsible for volunteering a minimum of 2 hours per month for my family at swim meets. Should I be absolutely unable to volunteer as a timer, I will be required to donate \$10/hour for every hour not volunteered to the Milpitas Tidal Waves in lieu of the volunteered time.

I further acknowledge that my child(ren) will be picked up from the Sports Center no later than 15 minutes after he/she/they are dismissed from practice. If they are not picked up by that time, I understand that I will be charged a late fee as outlined in the Late Pick Up Policy. Should I be more than 30 minutes late, I am aware that the Milpitas Police Department will be notified and my child(ren) will be escorted to the Police Station and I will be required to pick them up there. If this continues to be an issue, I understand that this may jeopardize my child(ren) from participating on the swim team.

Signature of Parent  
or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent  
or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Name of Children:

\_\_\_\_\_  
\_\_\_\_\_