



# Bluefish Swim Club

C & C Swimming, Inc.

P.O. Box 676 Raynham Center, MA 02768

Bluefish Office: 508-455-2791 Bluefish Fax: 508-455-2792

Bluefish Raynham Office: 508-823-1913

Website: <http://bluefishswimclub.com/>

E-mail: Chuck: [abfswimscjb@yahoo.com](mailto:abfswimscjb@yahoo.com) or Christie: [abfswimsccc@yahoo.com](mailto:abfswimsccc@yahoo.com)

Cell Phone: Chuck 617-678-0964 or Christie 617-448-0777

Paid Check #: \_\_\_\_\_

Paid Amt: \_\_\_\_\_

## MASTERS SWIMMING REGISTRATION FORM

Swimmer's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: (circle one) Male / Female

Swimmer's Membership: (please indicate with an X your commitment)

Yearly: \_\_\_\_\_ \$450; Monthly: \_\_\_\_\_ 3+ Times a Week \$40; \_\_\_\_\_ 2 Times a Week \$30

**Please Circle Location:** Raynham Athletic Club (RAC) Attleboro High School (AHS)

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

Address: \_\_\_\_\_  
(Street) (Apt #)

\_\_\_\_\_  
(City/Town) (State) (Zip Code)

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

E-Mail Address: \_\_\_\_\_  
(Notifications of schedule changes and Billing will occur via e-mail; You may provide more than one e-mail address.)

Last Season's Team: \_\_\_\_\_ Date of Last Competition: \_\_\_\_\_

USA Swimming Registered: (circle one) YES and NO

NEW ENGLAND MASTERS SWIMMING Registered: (circle one) YES and NO

**Release Form:** Please read carefully before signing. This is a release of liability and waiver of some legal rights.

I \_\_\_\_\_, the enrolled participant or guardian/parent of the participant agree and understand that swimming is a Hazardous activity. I recognize that there are risks in the sport of swimming including but not limited to paralyzing injuries and death. The participant hereby agrees to participate in the C & C Swimming, Inc. and the Bluefish Swim Club program and hereby agrees to hold harmless from any injury that may occur to the participant while participating in the Bluefish Swim Club as well as any facility, its coaches, instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Bluefish Swim Club program. The participant hereby also agrees to indemnify the C & C Swimming Inc. and the Bluefish Swim Club for any damages incurred arising from any claims, demand, action, or cause of action by the participant.

The participant/guardian/parent authorizes any representative of the Bluefish Swim Club to have the participant treated in any medical emergency during their participation in the Bluefish Swim Club programs. Further the participant/guardian/parent agrees to pay any and all costs associated with medical care and transportation for the participant. I have noted on this form any medical/health problems of which the staff should be aware or have attached any further necessary explanation.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_