

Kissimmee Swim Association
P.O. Box 452188
Kissimmee, FL 34745



KISSIMMEE SWIM ASSOCIATION REGISTRATION DATA:

DATE: _____

**REGISTRATION FEE: \$88 PER SWIMMER (ANNUAL TEAM AND USS REGISTRATION FEE)
\$50 PER SWIMMER –SUMMER LEAGUE (BEGINNER OR SENIOR)
Please include a copy of swimmer's Birth Certificate!**

Swimmer's Name (Last, First, Middle Initial) _____

Date of Birth _____ Age _____ Gender _____

Parent(s)/Guardian(s) Name _____

Parent(s)/Guardian(s) Address _____

Parent(s)/Guardian(s) Place of Employment _____

Parent(s)/Guardian(s) Daytime Phone _____ Evening _____

Emergency Contact (Name, Address, Phone) _____

Family Physician (Name, Address, Phone) _____

Insurance Coverage (Name, Address, Policy Number) _____

Notification of USA Swimming Insurance Coverage and Medical Release

I do realize that upon payment of my swimmer's registration fee, that my swimmer is covered by USA Swimming at all practices, traveling to and from meets, participation at sanctioned meets, Swim-A-Thons, and other activities that are approved, and/or sanctioned by USA Swimming. I do hereby release the City of Kissimmee, Kissimmee Parks and Recreation Department, and Kissimmee Swim Association from risk and responsibility while my swimmer is at the facility and using the swimming facility. I do hereby, forever discharge the City of Kissimmee, Kissimmee Parks and Recreation Department, Kissimmee Swim Association, and all their officers, agents, and employees from any and all claims, demands, and actions on account of death or injury to me or my swimmer which may occur from any cause during participation in activities of Kissimmee Swim Association.

I hereby authorize and consent for officials of Kissimmee Swim Association to employ on my behalf a licensed physician for the emergency treatment of my child, in connection with any injury, accident, or illness suffered or sustained while involved with a team activity. Said authorization and consent for emergency treatment includes hospitalization and surgical care as recommended by said physician. It is understood that every reasonable effort will be made to notify me of said emergency.

Signature of Parent/Guardian _____ Date _____

STATE OF FLORIDA
COUNTY OF OSCEOLA

Sworn to and subscribed before me _____ personally known to me or _____ having produced
Identification (type of identification used) _____ this _____ day of _____ 200____.

My Commission Expires _____

Signature Notary Public, State of Florida at Large _____

Type/Print/Stamp Name of Notary _____

Kissimmee Swim Association Year-Round Swimmer Payment Policy



Coach Training Fees:

All training fees should be paid to Coach Crystal no later than the 10th of each month. KSA is a 12-month, year-round program with monthly salaries and expenses. Many activities, incentives, and extras that the team provides for the athletes are based on each family paying their monthly dues year-round, and in a timely fashion. Families make monthly payments regardless if they take time off. Exceptions will be made if the team is on break (high school swimmers not swimming with KSA during high school season). Families that do not fulfill their monthly commitments must do so before they register or compete.

I understand these policies, and hereby agree to abide by these terms and policies.

Signed: _____

Date: _____

Swimmer(s) Name(s) _____

Kissimmee Swim Association Swim Team Registration



Swimmer's Name: _____
Last
First
MI

_____ (____) _____ - _____
Age
Birth Date
Home Phone

_____ _____ _____ _____
Home Address
City
State
Zip

_____ (____) _____ - _____
Father's Name
Employment
Work Phone

_____ (____) _____ - _____
Mother's Name
Employment
Work Phone

_____ _____
Contact E-mail Address
Other Phone Numbers (cell phones, etc.)

_____ (____) _____ - _____
Emergency Information: _____
Physician
Phone

Friend or Relative to contact in case of Emergency:
 _____ (____) _____ - _____
Name
Phone

- Group Placement, Please check one:**
- | | |
|------------------------------------|--|
| Sharks: \$55.00 | Four or less 1 hour practices a week _____ |
| Beginner Summer League: \$45.00 | Two or less 1 hour practices a week _____ |
| Navy: \$70.00 | Five or less 1.5 hour practices a week _____ |
| Gold: \$70.00 | Five or more 2 hour practices a week _____ |
| Senior: \$85.00 | Five or more 2.5 hour practices a week _____ |
| Master's: \$60.00 | Three or more 1 hour practices a week _____ |
| High School Summer League: \$60.00 | Three or less 2 hour practices a week _____ |

I understand that there may be inherent risk in my child's participation in this program. I agree to hold harmless the City of Kissimmee, Kissimmee Parks and Recreation Department, The Kissimmee Swim Association, Coach Crystal Tavares, and any employees or volunteers of the Kissimmee Swim Association against any and all claims resulting from my child's participation in this program.

_____ _____
Parent or Guardian Signature
Date