



## 2025 REGISTRATION AND INSURANCE RELEASE FORM

**In-Person Registration Event:** April 26, 2025 from 9am-12pm at the Antioch Public Library District.

**Practices:** Practice schedules and times will be posted on the website ( <https://antiochwaves.org> ) as they vary by date. The practice level for each swimmer is to be determined by our coaching staff. Practices will begin on 6/2/2025.

**Meets:** Most meets will take place on Wednesday evenings. A calendar will be provided on our website with specific Swim Meet dates when we get closer to our season.

**Parent Meeting:** A mandatory parents' informational meeting on Zoom is scheduled on May 21, 2025 at 6pm. A link for the meeting will be emailed to the address provided prior to the meeting.

### **Fees/ Registration:**

Fees include team participation, professional coaching, insurance, a t-shirt, a swim cap, and awards. There is a \$6 fee per swimmer if paying by credit card. If unable to attend registration, please mail in your registration with payment prior to 6/2/25 to:

**Antioch Waves**

**P.O. Box 402**

**Antioch IL. 60002**

**Refunds:** If your child drops from this program prior to June 1<sup>st</sup>, the registration fee less \$50 will be refunded. There will be NO REFUNDS given after June 1<sup>st</sup> unless the coach and board deems the swimmer is not ready to compete on the team.

**Communication:** We use email and the Remind app for communication.

**Sponsorship:** Check our website for details about sponsorship opportunities for businesses.



## REGISTRATION FORM PAGE 1

FAMILY NAME: \_\_\_\_\_

Please fill out the names & phone numbers below as you would like to be listed on the team roster. An e-mail address is required.

<b>PARENT NAMES:</b>	<b>HOME PHONE:</b>	<b>ALTERNATE PHONE (work/cell):</b>
1.	1.	1.
2.	2.	2.
	<b>E-MAIL ADDRESS:</b>	
	1.	2.
<b>SWIMMERS' ADDRESS:</b>	<b>CITY:</b>	<b>STATE &amp; ZIP CODE:</b>
<b>EMERGENCY CONTACT:</b>	<b>HOME PHONE:</b>	<b>ALTERNATE PHONE (work/cell):</b>
		<b>FOR AWARD PURPOSES:</b> 1 <sup>st</sup> YEAR WAVES?   WHAT YEAR?
<b>SWIMMERS' NAMES:</b>	<b>GENDER   BIRTHDATE</b>	
1.	M F	Yes No
2.	M F	Yes No
3.	M F	Yes No
4.	M F	Yes No
<b>HEALTH INSURANCE CARRIER:</b>	<b>PHYSICIAN:</b>	<b>PHONE:</b>

LIST ANY CURRENT INJURIES OR MINOR PHYSICAL LIMITATIONS (BONE OR SOFT TISSUE INJURIES, ALLERGIES, BREATHING DIFFICULTIES, ETC.) OR ANY MEDICAL CONDITIONS THAT THE COACHES SHOULD BE MADE AWARE OF:

By initialing here   you agree to the team handbook and concussion procedure (found at <https://antiochwaves.org/registration>) and to the above terms for registration and refunds.

IN THE EVENT OF ACCIDENT, INJURY, OR SUDDEN ILLNESS I HEREBY AUTHORIZE NEEDED MEDICAL TREATMENT BY A PHYSICIAN AND/OR HOSPITAL.

SIGNATURE of Adult Participant \_\_\_\_\_ DATE \_\_\_\_\_  
(18 years or older) or Parent Guardian



## REGISTRATION FORM PAGE 2

FAMILY NAME: \_\_\_\_\_

Participant specifically assumes all risks of injury arising out of his/her presence on or about the premises, or his/her use or intended use of equipment or facilities, or his/her participation in the activities of the ANTIOCH SWIM TEAM, INC., on or about the premises or at another location and does hereby for himself/herself, his or her heirs, executors, and administrators, waive, release and agree to hold free from all claims or damages, the Antioch Swim Team, Inc., and the Village of Antioch, their respective officers, directors, board of managers, trustees, members, employees, or agents.

### Waiver of Liability Form Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Antioch Waves Swim Team Inc.) has put in place preventative measures to reduce the spread of COVID-19; however, cannot guarantee that you will not become infected with COVID-19. Further, attending any program or activity at the Antioch Waves Swim Team Inc. could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while attending the Antioch Waves Swim Team Inc. (and any of its affiliated events such as meets) and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at the Antioch Waves Swim Team Inc. may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the Antioch Waves Swim Team Inc. or ("Claims").

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Antioch Waves Swim Team Inc., its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Antioch Waves Swim Team Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending any Antioch Waves Swim Team Inc. program or activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Printed Name(s) & Age(s) as of 6/1 (Please print legibly)

**PARENTAL CONSENT:** I am the minor's parent or guardian named above and I understand the nature of the Waiver of Liability above and verify and consent to the minor attending the Antioch Waves Swim Team Inc. On the minor's behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Antioch Waves Swim Team Inc., its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. On behalf of the minor, I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Antioch Waves Swim Team Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending in any Antioch Waves Swim Team Inc. program or activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

**PHOTOGRAPH RELEASE:** By initialing here \_\_\_\_\_, I hereby give permission to the Antioch Waves Swim Team to use my swimmer's photographic likeness in all forms and media for advertising, trade, public relations, and any other lawful purposes.



# Antioch Waves Swim Team

[antiochwavesswimteam@gmail.com](mailto:antiochwavesswimteam@gmail.com)

Antioch Waves

P.O. Box 402

Antioch IL 60002

## **T-SHIRTS: (Please fill out below)**

NAME OF SWIMMER: \_\_\_\_\_

T-SHIRT SIZE (CIRCLE ONE): **YS YM YL AS AM AL AXL**

NAME OF SWIMMER: \_\_\_\_\_

T-SHIRT SIZE (CIRCLE ONE): **YS YM YL AS AM AL AXL**

NAME OF SWIMMER: \_\_\_\_\_

T-SHIRT SIZE (CIRCLE ONE): **YS YM YL AS AM AL AXL**

Additional T-Shirts for family and friends to show support are available for purchase at a cost of \$20 per shirt. Please list quantity and sizes desired below:

## **FEES:**

**FAMILY NAME:** \_\_\_\_\_

FIRST SWIMMER (CIRCLE ONE):

**In-person or postmarked prior to April 26 - \$210    Registration April 27-June 2 - \$240    50/50 Payment - \$250 (additional swimmer \$185) Late Entry (after June 2) - \$260 Extra Shirts - \$20 Credit Card Fee Per Swimmer -\$6**

NUMBER OF ADDITIONAL SWIMMERS: \_\_\_\_\_ X \$185

FEE TOTAL: \_\_\_\_\_

## **OFFICE USE ONLY**

**SEASON TOTAL:** \_\_\_\_\_

**CHECK ONE:** \_\_\_\_\_ PAYMENT IN FULL    \_\_\_\_\_ PAYMENT PLAN

### **PAYMENT #1**

PAID: CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ DATE \_\_\_\_\_  
PAID \_\_\_\_\_

### **PAYMENT #2**

PAID: CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ DATE \_\_\_\_\_  
PAID \_\_\_\_\_