

University City Swim Club – Membership Application for Adults

Indoor Season, University City Natatorium: Sept 2018- May 2019

Instructions: Please read ALL materials and complete all information. Please send completed application to Satomi Stout at satomistout@gmail.com.

Step 1. Enter your legal name, gender, and DOB (M/D/Y)

Last Name:

First Name:

Middle Initial

Gender

DOB

Step 2. Your monthly statement is emailed to you. Please make sure your email address is correct and legible. You will receive an invitation to join the UCSC TeamSnap email group. Please accept this invite so you can receive important club announcements. It is your responsibility to read announcements and billing statements. _____ (initial).

Billing Address: _____ ZIP: _____

Telephone: _____ Alternate Phone: _____

Email for Club Notifications and Billing Statements: _____@_____._____

Step 3. **Make one check payable to UCSC.** You will receive additional monthly statements via your email. If you stop swimming, please immediately notify Satomi Stout at satomistout@gmail.com.

FEES: \$80/month or \$640 for 9 months

INITIAL TOTAL \$ 80.00 or \$640 (circle one)

Step 6: Agree to the following: **I agree to join U.S. Masters Swimming and to keep my membership current.**
_____ (initial)

Note: You can join on-line at www.usms.org/reg. Our insurance coverage is voided if you are not a member.

Signature

Printed name of signer

Date

Step 4: Read and agree to the General Release and Waiver of Liability. Fill out and sign the Medical Information Form and Release. Review and sign the Use of Name and Likeness Release form.

UCSC GENERAL RELEASE AND WAIVER OF LIABILITY

To the extent permitted by law, the undersigned, on his/her own behalf and/or on behalf of his/her child(ren), as partial consideration for the opportunity to receive instruction from and to participate in activities with University City Swim Club, Inc. ("UCSC"), hereby releases UCSC, its directors, officers, employees, and volunteers (the "Released Parties") from any and all future claims, demands, damages, actions or causes of action on account of any personal injury or damages to personal property sustained or suffered by the undersigned or his/her child(ren) caused by or due to the negligence of any Released Party in performance of any duties on behalf of UCSC, or arising from participation in any UCSC activity, including but not limited to any practice, travel, or meet involving UCSC. ____ (initial).

The undersigned agrees this Release is binding upon the undersigned, his/her child(ren), and/or their respective heirs, executors, personal representatives, trustees, and assigns. ____ (initial).

The undersigned agrees that any dispute arising from his/her participation in UCSC, including any dispute concerning this Release, shall be filed in the Circuit Court of St. Louis County, Missouri, and shall be construed according to the laws of the State of Missouri. ____ (initial).

The undersigned further agrees that the prevailing party in any such dispute referenced in the preceding paragraph shall be entitled to recover his/her/its reasonable attorney's fees and costs. ____ (initial).

The undersigned represents he/she has authority to execute this Release, that he/she has had the opportunity to consult legal counsel of his/her choice with respect to its terms, and that he/she has read this Release, fully understands its provisions and is voluntarily executing this Release. ____ (initial).

Swimmer (Signature)

Date

Swimmer (Print name)

UCSC MEDICAL INFORMATION FORM AND RELEASE

Swimmer #1 Name/Birthdate _____

Swimmer #2 Name/Birthdate _____

Swimmer #3 Name/Birthdate _____

Emergency Contact Name _____ Phone _____

Physician's Name _____ Phone _____

Preferred Hospital _____

Medical Insurance Company _____ Phone _____

Policy Number(s) _____

For each swimmer listed above, please list all, if any, of the following which apply:

- Physical disabilities _____
- Chronic illnesses _____
- Convulsions/seizures _____
- Allergies (food and meds) _____
- Prescribed medications _____

A UCSC representative will attempt to notify Emergency Contact in the event of any injury or illness to the above-named swimmer(s) during their participation in a UCSC activity.

The undersigned hereby: Agrees to update this form as needed throughout the season to keep UCSC informed of any and all changes; consents to any emergency medical procedure determined necessary by licensed care providers; gives permission for each swimmer named above to be taken to a hospital or medical center for emergency treatment; and assumes financial responsibility for all costs associated with transportation, examination, and treatment.

ADDITIONALLY, TO THE EXTENT PERMITTED BY LAW, THE UNDERSIGNED HEREBY RELEASES UCSC, ITS DIRECTORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL LIABILITY ASSOCIATED WITH PERFORMING DUTIES RELATED TO THE TREATMENT OF ANY INJURY OR ILLNESS TO THE ABOVE-NAMED SWIMMER(S) DURING THEIR PARTICIPATION IN A UCSC ACTIVITY INCLUDING BUT NOT LIMITED TO ANY PRACTICE, TRAVEL, OR MEET INVOLVING UCSC.

Swimmer (Signature)

Date

USE OF NAME AND LIKENESS RELEASE FORM

The undersigned hereby grants University City Swim Club, Inc. ("UCSC") the right to use the name and/or likeness of _____ in any promotional and advertising media for UCSC, including but not limited to UCSC's website, UCSC newsletters, television, radio, newspapers, and magazines. This Release shall not be valid for any disparaging or otherwise illegal use of said name and/or likeness. The undersigned indemnifies and holds UCSC harmless for any third party's disparaging or otherwise illegal use of said name and/or likeness. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may simply be the opportunity to represent UCSC in its promotional and advertising materials.

Swimmer (Signature)

Date

Swimmer (Print name)