



Lenexa Lazars Swim and Dive League Registration Form: Registration April 1-May 6, 2022

Main Contact Name: _____
Address: _____
Best Contact Phone Number: _____
Emergency Contact Name: _____

Main Contact Birthdate: ___/___/___
City: _____ State: _____ Zip: _____
Best Contact E-mail Address: _____
Emergency Contact Phone: _____

Participant's Name: _____ **Age (as of 6/1/21):** _____ **Birthdate:** ___/___/___ **Gender (circle one):** Male / Female

- Team(s): Pre-Competitive Swim- \$110 res./\$145 non-res. Competitive Swim- \$110 res./\$145 non-res.
 Competitive Dive- \$110 res./\$145 non-res. Competitive Swim & Dive- \$143 res./\$185 non-res.
 Pre-Comp Swim & Competitive Dive- \$143 res./\$185 non-res.

(Pre Comp Only): 8:30am 9:15am 10am Age Group: 7&U 9&U 11&U 13&U 15&U 18&U

T-Shirt Size: Adult OR Youth AND XS S M L XL

Please list any participant's special needs/accommodations: _____

Select payment option: This form can be walked-in, mailed, or faxed to the address below. Please do not put your credit card number on this form. Credit cards need to be given over the phone or in person.

- Check** (Payable to: City of Lenexa) **Cash** **Credit Card** (Visa, MasterCard, American Express, Discover) **Total Due: \$** _____

Parent/Guardian Disclaimer

We agree to not interfere during practices and meets, and to have reasonable accommodations for transportation to and from team activities. If issues arise I will contact the coach through email or phone to arrange a meeting. I am also aware the pool is closed during swim/dive team hours and will refrain from allowing siblings to use the pool.

Signature of Participant/Parent/Guardian Printed Name of Participant/Parent/Guardian Date:

Program Waiver: I (if over 18), the undersigned Participant/Parent/Guardian (Please circle one), understand and agree that the City of Lenexa, Kansas, is not and shall not be responsible for or liable for any illness or injury to person or damage to property that I (or the participant, if a minor) may suffer as a result of participation in the above-referenced program(s). I hereby forever release and hold harmless the City of Lenexa, Kansas, its employees, agents and representatives from any and all claims of any kind that I, or my respective heirs, executors, administrators or assigns, may have or claim to have resulting from participation in said program(s). I further authorize the City of Lenexa, Kansas to use at its discretion any photographs or video(s) taken of me (or the participant, if a minor) while participating in the program and waive any and all claims that I (or the participant) may have resulting from any use of such photograph(s) or video tapes. I recognize that there are inherent risks and dangers in the activities that I will take part in. I expressly agree to accept and assume all such risks existing in this activity, including risks of injury. I acknowledge that I have been urged and advised to seek the advice of a physician before participating. I HAVE READ AND UNDERSTAND THE WAIVER STATEMENT, THE REGISTRATION INFORMATION AND THE CANCELLATION POLICIES; THE REGISTRATION IS NOT VALID WITHOUT AGREEING BELOW.

Signature of Participant/Parent/Guardian Printed Name of Participant/Parent/Guardian Date: