

**Bella Vista Swim Team
Waiver and Release of Liability**

Disclaimer: The Bella Vista Swim Team program is not responsible for any injury or loss of property occurring as a result of playing, practicing, participating in, or any other involvement a person may have in the Bella Vista Swim Team program for any reason whatsoever, including negligence on the part of the Bella Vista POA, its agents or employees.

In consideration of my child's participation, I hereby release the Bella Vista POA, Bella Vista Swim Team, and their employees, instructors, counselors, and/or agents from any and all present and future claims resulting from negligence on the part of the Bella Vista POA, Bella Vista Swim Team, and their employees, instructors, counselors, and/or agents for property damage, personal injury, or wrongful death, arising as a result of my child engaging in or receiving instruction in Bella Vista Swim Team activities. I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by my child, myself, or any other family member. **NOTE:** Your child will not be allowed to participate without this signed consent form.

Signature of Parent/Guardian Date

Witness Relationship Date

Photo Release For Minor Child

I hereby grant the Bella Vista Property Owners Association (hereinafter "BVPOA") the absolute right and permission, with respect to any photographs taken in which my minor child appears, to use or publish the photos in any way, in any medium, and for any purpose (including promotion and advertising), and to use my minor child's name in connection therewith. I hereby release and discharge the BVPOA from any claims arising from said use, including claims for libel and invasion of privacy.

I have read the foregoing and fully understand and agree to the contents of this Release.

Minor Child's Printed Name

Signature of Parent/Guardian Date

Authorization for Emergency Care

I hereby authorize any physician, surgeon or dentist on the medical staff of the nearest medical facility in Arkansas, to administer any emergency treatment, procedure or medicine necessary or advisable for my child. I also authorize Bella Vista Swim Team instructors to secure the use of an ambulance, if necessary, for transporting my child to the hospital.

Signature of Parent/Guardian Date

My child has the following medical conditions or allergies in which medical staff should be made aware of:

In case of an emergency, please contact:

Name No. 1 Phone No.

Name No. 2 Phone No.

Insurance Release

Check the appropriate blank and complete information in item 1, if applicable.

____1. This is to certify that my child is covered by the following hospital insurance:

Name of Company Policy No.

And has my permission to participate in all Bella Vista Swim Team sponsored activities. It is agreed that the Bella Vista Swim Team program and instructors are released of all liability in the event of injury.

____2. This is to certify that we have No Insurance policy that will cover my child. However he/she has my permission to participate in all Bella Vista Swim Team sponsored activities. It is further agreed that the Bella Vista Swim Team program and instructors are released of all liability in the event of injury.

Signature of Parent/Guardian Date

Welcome to ...



**Swim Team
2018**

Recreation Division, 3 Riordan Drive
(479) 855-5073 or (479) 855-8170

Visit the POA's website –
BellaVistaPOA.com
Facebook.com/bvvpoa
Twitter.com/BellaVistaPOA



Swim Team Info.

- Recreational team
- Ages 5 to 18
- Must be able to swim (freestyle) 25 yards without stopping
- Practice: Swimmers 11 to 18 meet from 8 to 9 a.m., swimmers 7 to 10 meet from 9 to 10 a.m. and swimmers 5 to 6 meet from 10 to 10:30 a.m.
- Monday through Thursday at the Kingsdale Pool, 1 Riordan Drive.
- Session 1: May 29 - June 14 *1st week Tue-Fri*
- Session 2: July 9-26
- \$65 for Bella Vista POA Members (per child) per session and \$70 for guests (per child) per session or \$120 for Members for both sessions and \$130 for guests for both sessions.
- Must pay for both sessions prior to 1st session to qualify for discount.
- Bring: Goggles, caps (for girls), towels and sunscreen.
- Swim Meets: Schedule to be announced—meets are not required, but encouraged.

An informational parent's meeting will be held on Thursday, May 3, 6:30 p.m. at Riordan Hall.
3 Riordan Dr, Bella Vista AR.

Optional team suits and/or t-shirts can be ordered during the meeting or by contacting Coach Lisa Richards at: lmrichards@sbcglobal.net

For more information about the Bella Vista Swim Team, contact Bernie Purser at berniep@bvvpoa.com or (479) 855-5073.



Bella Vista Swim Team Registration 2018

Name of Swimmers: (Indicate age as of June 1, 2018)

_____ Age: _____ Birth date: _____ Male/Female _____

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Name of Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No: _____

Cell Phone No: _____

Cell Phone No: _____

Work Phone No: _____

Work Phone No: _____

*Email Address: _____

*Required



(Cost is per child– includes tax)

Fees:	POA Member	Guest
Session 1	\$70.53	\$75.95
Session 2	\$70.53	\$75.95
Sessions 1 & 2	\$130.20	\$141.05
Total paid		

Name of Person Making Payment

Address (If same as parent, write same)

Phone No. (If same as parent, write same)

Method of Payment:

- Check (payable to “Bella Vista POA”)
- Cash
- Credit Cards

Registration form and payment may be left at Riordan Hall, 3 Riordan Drive, or mailed to:

Bella Vista POA
Attn: Recreation Division
P.O. Box 6210
Bella Vista, AR 72714

(Please also complete back side of registration form)