

## 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 2022

**Recreation Division**  
**3 Riordan Drive**  
**(479) 855-8170**

BellaVistaPOA.com • Facebook.com/bvvpoa



# 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: **June 13-30**
- Session 2: **July 11-28**
- **\$80** for Bella Vista POA Members (per child) per session and **\$90** for guests (per child) per session or **\$150** for Members for both sessions and **\$170** 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: 1st session home meet: **June 18**; 2nd session home meet: **July 16**. Other area meet dates and locations to be announced. Meets are encouraged, not required.

*Optional team suits and/or t-shirts can be ordered by contacting Coach Lisa Richards at: [lmrichards@sbcglobal.net](mailto:lmrichards@sbcglobal.net)*

For more information about the Bella Vista Swim Team, contact Jessica Anson, Bella Vista POA Aquatics Manager at [jessicaa@bvvpoa.com](mailto:jessicaa@bvvpoa.com).



# Bella Vista Swim Team Registration 2022

Name of Swimmers: (Indicate age as of June 1, 2022)

\_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male/Female \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male/Female \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male/Female \_\_\_\_\_

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



POA Member #: \_\_\_\_\_

*(Cost is per child- includes tax)*

Fees:	POA Member	Guest
Session 1	\$80	\$90
Session 2	\$80	\$90
Sessions 1 & 2	\$150	\$170
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 Card

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_

Sig: \_\_\_\_\_

**Mail registration form and payment to:**

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

Registration forms and payment can also be dropped off at the Riordan Hall front desk.

\*(Please also complete back side of registration form)\*