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**Hi-Desert Swim Team Registration**

Practices as Follows: Time Changes please be advised

Group B Morning Practices with Ellie Riess: 8am-9:30am \* Group for kids that are older and advanced, can successfully swim all strokes.

Group A Evening Practices with Earl Morris: 5-7pm \*Group can successfully swim the length of the pool, ready to compete and learn all strokes.

Group C Morning Practices with Kylie Murphy: Oldest kids 8-8:30am \*2-3-year Swimmers successfully swimming strokes (backstroke and free style and learning breaststroke and butterfly) mostly on their own, able to swim the length of the pool

:2nd year swimmers 8:30am-9am Swimmers must be starting to swim 5-10 feet with face in the water, push off the wall into a superman position.

: Brand New Swimmers 9am-9:30am jump in unassisted, putting face into water, stand up in the pool and successfully follow directions. 4 years and older.

Please Choose One or more if Group C:

() Group A

() Group B

() Group C

[] Brand New Swimmer []2nd Year swimmer []2-3year veteran

Swim USA fee$40 (will text link to you)

**FEE:** **$75.00**

Last Name First Name Date of Birth Grade

Boy Girl Email Address:

Address (street) (mailing)

City State Zip Home Phone

Person/Address/Phone to notify in an event of an emergency.

Another Person/Address/Phone to notify in an event of an emergency.

Doctor/Phone to notify in event of an emergency.

**IMPORTANT!!!**

I agree that I, the registrant, will abide by the rules of High Desert Park & Recreation, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with playing a sport, I hereby release, discharge and/or otherwise indemnify the High Desert Park & Recreation, its affiliated organizations and sponsors, their employees, coaches, and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name (please print) Signature Date

(Parent if registrant is under 18)

**CONSENT FOR MEDICAL TREATMENT:**

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the registrant.

Signature Date

(Parent if registrant is under 18)