

**MOKAN SWIM LEAGUE - 2018 SUMMER LEAGUE PARTICIPANT REGISTRATION APPLICATION**

(Please, one application per participant)

**Please print legibly - Complete all information:**

Last Name [ ] Legal First Name [ ] Middle Name [ ]

Preferred name [ ] Date of Birth [ ] Sex [ ] \* Age (as of 6/1/18) [ ] \* Your club name [ ]

Mailing address [ ] Member last year? Y or N [ ]

City [ ] State [ ] Zip Code [ ] Phone Number [ ]

Disability: [ ] Legally blind or visually impaired [ ] Physical disability, list \_\_\_\_\_ [ ] Deaf or hard of hearing [ ] Cognitive disability, list \_\_\_\_\_

EMERGENCY CONTACT: [ ] Phone Number [ ]

**Acknowledgement and Release Statement:**

The undersigned participant (and, if such participant is a minor or otherwise legally incapacitated, the undersigned parent or legal guardian of such participant) individually and collectively, the "Undersigned" request that the MOKAN Swim League allow me to participate in a summer swimming league in Johnson and Wyandotte Counties, in Kansas. In consideration of such action, the Undersigned:

- a. Acknowledges that the information set forth above is complete and accurate;
- b. Acknowledges and agrees that the MOKAN Swim League is a not-for-profit organization and cannot and does not accept any (and by allowing the Undersigned to participate in the summer swim league expressly disclaims all) responsibility for (i) the Undersigned's safety and well-being before, during and following, or otherwise relating to, such participation and the swim league, (ii) the maintenance and conditions of the facilities, and (iii) the operations of the summer swim league or the actions or omissions of those individuals running the summer swim league;
- c. Releases the MOKAN Swim League, its directors, officers, employees and agents from all claims, demands, actions or causes of action that the Undersigned (or their respective heirs, executors, administrators and assigns) may have, now or in the future, relating to or resulting from any illness or injuries (including death), or from any property damage, loss or theft, suffered by the Undersigned before, during or following, or otherwise related to such participation and the summer swim league; and
- d. Consents to such medical treatment as the MOKAN Swim League (or any of their respective authorized representatives) deems to be necessary or appropriate in the event of the Undersigned's illness, accident or other medical emergency, and the Undersigned accepts full financial responsibility for any fees or expenses relating to such treatment.

I HAVE READ & UNDERSTAND THE ABOVE WAIVER STATEMENT; REGISTRATION INVALID WITHOUT SIGNATURES.

\_\_\_\_\_ (parent signature required) \_\_\_\_\_ (date)

\_\_\_\_\_ (participant's signature, only if age 18 or older) \_\_\_\_\_ (date)

**Registration Fees:**  
See your club representative