



**Trial Swim** A new swimmer may swim any practice held in a 2-week calendar period in order to decide about becoming part of the team. All registration materials must be complete, and fees will be held until the end date of the Trial Swim.

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**RRST Registration Fees** (check one) NOTE:

       **City Resident eligible for scholarship assistance** (see Niagara Outreach paperwork and provi

       **City Resident:** \_\_\_\_\_ **Non City Resident**

	<u>City Resident</u>	<u>Non City Resident</u>
<u>Full Season Dues</u>	<u>\$325*</u>	<u>\$450*</u>
<u>USA Swim Fee</u>	<u>\$ 57</u>	<u>\$ 57</u>
<u>Meet Fee Escrow</u>	<u>\$ 50</u>	<u>\$ 50</u>
<u>TOTAL DUE</u>	<u>\$432</u>	<u>\$557</u>

**Multiple Swimmer Family:**

You can deduct 10% off of the Full Season Dues only for each additional swimmer.

**Returning Swimmers Only:**

       I choose to pay 50% now and 50% by Oct. 30. I understand I am responsible for mailing the Oct payment to the Registrar in order for my swimmer to continue swimming.

**AMOUNT PAID (Payable to RRST)**     \$ \_\_\_\_\_

**Send payment and completed paperwork including health form to Kathy Fico, 120 Duffield Road, Rochester, NY 14618**

You will be notified when paperwork and payment is received and your child is eligible to participate.

Questions? Contact Kathy at [Fico120@rochester.rr.com](mailto:Fico120@rochester.rr.com) or 739-9184

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**For Registrar Only**

Paid \_\_\_\_\_ on \_\_\_\_\_ Due \_\_\_\_\_  
Health Form? \_\_\_\_\_

**Swimmer's Name**

**Heath Information & Emergency Release**

**In the event of an emergency during a practice or meet, please list in order two people to contact. This may be parents if desired.:**

**1<sup>st</sup> Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**2<sup>nd</sup> Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Swimmer's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Swimmer's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Swimmer's Heath Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
(If possible)

What heath problems, concerns, medications, and/or illnesses does your swimmer have that may affect him/her during practice and meets? Do you have any instructions for the coaches?

Does your swimmer have any allergies? \_\_\_\_\_ If so, what allergies?

**MEDICAL RELEASE**

I certify to the best of my knowledge and belief, \_\_\_\_\_ (name of swimmer) is in good physical condition and has no condition which would impair participation in the program. In case of injury, I hereby give the Rochester Rapids coaching staff permission to act on my behalf in seeking medical treatment from any licensed physician, hospital or clinic for my child in the event that such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. I absolve Rochester Rapids Swim Team and its coaching staff from all liability while acting on my behalf in this regard.

I, understanding that all reasonable safety procedures will be followed will not hold the coaches of RRST personally responsible for any accident or injury that may occur.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

I, \_\_\_\_\_, relieve the Rochester Rapids Swim Team of all responsibility for my children from the conclusion of swim practice. After such time, my child becomes a participant attending the open recreation programming at the City of Rochester Adams Street Recreation Center. The established policy of the Center is that children over 6 years of age may come and go as they please. RRST, Inc. will not be supervising or be responsible for your child's safety after the end of swim practice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian