

# HS Warm-up

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## 2009 High School Competitive Swimming Warm-Up Program

*Hamilton Township Recreation Department*

*Hamilton Aquatic Club, Inc.*

[www.hamiltonaquatics.com](http://www.hamiltonaquatics.com)

This program is for the High School swimmer who does not swim in a year round program and wants to get into shape before the start of the high school swim season on November 15<sup>th</sup>.

- Location:** Steinert High School, 2900 Klockner Road, Hamilton, NJ  
Coach - Mike Green (11<sup>th</sup> Year Coaching and Assistant Senior Level Coach)
- Program Dates:** September 24 to November 12, 2009 – T/W/Th 6:15 to 7:45 PM  
Note: Program will not meet when Hamilton Township Schools are closed
- Fee:** \$195

**Return registration/medical form, along with the fee (payable to HAC, Inc.), by Sept. 8, 2009 to:**

**Hamilton Aquatic Club, Inc.**

**20 Birchwood Court, Princeton Junction, NJ 08550**

Questions – please email [hacy.swimming@gmail.com](mailto:hacy.swimming@gmail.com)

**2009 High School Competitive Swimming Warm-Up Program**

**Registration & Medical Release Form**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
street town state zip code

HOME PHONE: \_\_\_\_\_ Swimmer's cell: \_\_\_\_\_ High School \_\_\_\_\_

E-Mail Address: (please give the one checked most often!) \_\_\_\_\_

Parent's names and work phone #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Phone # relationship

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ - \_\_\_\_\_ ID # \_\_\_\_\_

Are you allergic to any medications? No \_\_\_ Yes \_\_\_ (list)  
\_\_\_\_\_

Do you take any prescribed medications on a permanent or semi-permanent basis?  
No \_\_\_ Yes \_\_\_ (list)  
\_\_\_\_\_

Do you have asthma or other respiratory disease? No \_\_\_ Yes \_\_\_ (list)  
\_\_\_\_\_

If a medical emergency or illness occurs, I authorize the coaching staff of Hamilton Aquatics to send my child to a physician or hospital, and authorize emergency medical treatment.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

# CONSENT AND GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS

**Hamilton Aquatics Club  
20 Birchwood Ct.  
Princeton Jct., NJ 08550**

I, the parent/legal guardian of \_\_\_\_\_ do hereby give my approval of his/her participation in the HAC High School Warm Up Program to be held Sept. 24, 2009– Nov. 12, 2009

I, \_\_\_\_\_, do hereby state that I am at least 18 years of age and I wish to participate in the HAC Swimming Program to be held from \_\_\_\_\_ to \_\_\_\_\_.

I assume all risks and hazards incidental to this event. I do further release, absolve, indemnify, and hold harmless the HAC, the organizers, sponsors, supervisors, volunteers, and officials, their agents, representatives, or assigns. I hereby waive all claims against HAC, the organizers, the sponsors, supervisors, volunteers, officials, their agents, representatives, or assigns, for any injury to myself if I am at least age 18, / or to my child (as applicable) for any loss due to theft of or damage to my personal property or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or even slight care by the event organizers and the conduct of this event.

I further state that there is no medical condition which I/my child, \_\_\_\_\_, has that would prevent him/her from participating in this event.

\_\_\_\_\_  
Signature of Parent or Guardian (or participant if age 18 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name