

# Join the Torpedoes, our Summer Swim Team

## Season begins July 5, 2017 at the Underwood Pool

### Important Information

#### Minimum Swimming Requirements

All ages must be able to dive

4 competitive strokes are:

Freestyle, Breaststroke, Backstroke, Butterfly

Ages 8 and Under:

Must swim 1 length of the pool using 2 of the 4 competitive strokes

Ages 9 & 10

Must swim 1 length of the pool using 3 of the 4 competitive strokes

Age 11 and over

Must swim 2 lengths of the pool using 3 of the 4 competitive strokes

Swimmers must have a membership

You will need a bathing suit, swim cap and goggles

**Registration Fee: \$125.**

Practices: Tues., Wed., Thurs. mornings at the Underwood Pool, 8-9 a.m.

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Swimmer's Name

Age

DOB

Primary Phone Number

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Address

Email Address

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Medical/Other Concerns

I, the undersigned, parent/guardian of \_\_\_\_\_, a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me

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Signature of participant (or legal guardian if under 18 years of age)

Date