

SWIM-A-THON

Saturday, March 2, 2019

Register online or in person:

15 Crissey Road, Great Barrington, MA 01230

413-528-2810, ext. 12 413-528-5260 fax

Registration deadline: February 28

2019 REGISTRATION FORM PLEASE PRINT LEGIBLY. ONE PARTICIPANT PER FORM. SIGNATURE REQUIRED.

Team Name _____

Participant's Name _____ Date of Birth _____ Gender: M F

Mailing Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Emergency Contact _____ Emergency Phone _____

1. If you are participating as part of a relay team, what are the names of your teammates? *Each member of a team must fill out his or her own registration form. Teams are comprised of up to four people.*

1. _____

2. _____

3. _____

2. How many swimmers are you comfortable sharing a lane with? _____ We do our best to give everyone their own lane, but if registration requires, you may need to share a lane.

3. Please check the preferred timeframe for swimming (Swim time will be confirmed via email by the week prior to the event):

8-10 a.m. 10 a.m.-12 p.m. 12-2 p.m. 2-4 p.m. Other: _____

New! Aqua Fitness Class: 9 a.m. 2 p.m.

If you would like to participate, but are not available on March 2, please contact Aquatics to setup an alternative swim time: 413-528-2810 ext. 12 or aquatics@berkshiresouth.org

4. Will a friend or family member volunteer while you swim? Yes No

If yes, who? _____

5. Depending upon your level of funds raised, you may be eligible for incentive prizes.

Please indicate preferred T-shirt size: SM MED LG X-LG XX-LG

Please indicate preferred Sweatshirt size: SM MED LG X-LG XX-LG

I hereby do _____ do not _____ give BSRCC permission to photograph or videotape me/my child for promotional use in perpetuity.

Release of all claims & promise not to sue: As a participant in this and any other program of Berkshire South Regional Community Center, I recognize and acknowledge that there are certain risks and I agree to assume all such risks, including any damage resulting from physical injuries, loss of services or consortium, loss or damage to property, or any other loss I may sustain as a result of participating in any and all activities connected with or associated with such programs.

In consideration of Berkshire South Regional Community Center accepting my or my child's registration, and with the intent to be legally bound, hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of Berkshire South Regional Community Center. Furthermore, I promise not to sue Berkshire South Regional Community Center and agree to indemnify and hold harmless and defend Berkshire South Regional Community Center and its officers, agents, servants, employees and insurers from any and all liabilities, claims, demands, actions or causes of action resulting from my or my child's participation in this or any other programs of Berkshire South Regional Community Center.

By signing this form, I hereby acknowledge that all information contained herein is true and correct and that I may give up legal rights.

Date _____ Signature of Participant _____ Parent Signature (if under age 18) _____



BERKSHIRE SOUTH
REGIONAL COMMUNITY CENTER