

OVERLAND PARK

K A N S A S

ABOVE AND BEYOND. BY DESIGN.

OP WAVES SWIM AND DIVE TEAM PARTICIPANT REGISTRATION FORM

Return form to: Swim and Dive Team, 8101 Marty, Overland Park, KS 66204

Main Contact _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address (required) _____

I want my email address to be used for OP Waves Gmail AND city communication.

Guardian 1 _____ Phone _____ Emergency Contact

Guardian 2 _____ Phone _____ Emergency Contact

Participants Information

Pre-Competitive = P Competitive = C Diving = D

(Swimmers must choose either Pre-competitive or Competitive. Diving is open to swimmers and non-swim team participants)

Available T-Shirt Sizes: Child S, M, L, XL Adult S, M, L, XL

Participants Name _____ T-Shirt Size _____ M F

DOB _____ Age (as of June 1) _____ Team P C D Age Group 7U 9U 11U 13U 15U 18U

Participants Name _____ T-Shirt Size _____ M F

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DOB _____ Age (as of June 1) _____ Team P C D Age Group 7U 9U 11U 13U 15U 18U

Fee Information

Make check payable to the "City of Overland Park"

To pay by credit card, visit the Matt Ross Community Center at 8101 Marty, Overland Park, KS 66204

	<u>Resident</u>	<u>Non-Resident</u>	
Pre-Competitive Swim	\$80/child	\$85/child	
Competitive Swim	\$80/child	\$85/child	
Diving	\$80/child	\$85/child	Total Fees \$ _____

As a condition precedent to participation in the program listed above, sponsored by the City of Overland Park, Kansas, I, the undersigned knowingly and voluntarily assume any and all risk inherent in participation. I understand that I am responsible for inspecting any and all personally owned equipment, equipment provided by the City or others and all pools, bathhouses, or areas that will be used.

Additionally, after said inspection, I understand that I shall report any and all defects or hazards that may reasonably cause injury or harm to persons or property to an authorized city employee or representative prior to the beginning of the activity at issue.

I further waive any and all rights or claims against the City of Overland Park, Kansas, their officials, officers, and employees to include, but not limited to, bodily injury, property damage and/or loss, personal loss sustained as a result of participation.

Signature _____ Date _____