

# Central Bucks Swim Team (CBST)

## College Age Summer/Break Swimmer Registration Form & Waiver

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name (write "none" if no middle name) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Parents' Names \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

**Email Jennifer Steinberg ([jsteinberg@cbsd.org](mailto:jsteinberg@cbsd.org)) with anticipated dates of participation and anticipated meet participation.**

Do you have current USA Swimming Registration including APT completion?    Yes             No   
If yes, please include scan of Deck Pass with this form.

Year covered by this waiver: 9/1/2020 - 8/31/2021 (Online registration and new waiver required each fall)

### CONSENT CERTIFICATE and PERMISSION AND RELEASE WAIVERS

To be eligible for participation in our program this waiver must be on file with the Community School and this certificate of consent signed by the participant (or parent/guardian if participant is under 18 years of age). The Central Bucks School District has no responsibility to provide first aid at any of the community school athletics and the undersigned understands that the risk of injury is assumed by the undersigned when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any participant injured during the course of any such activities or travel, the undersigned does hereby release and forever discharge such persons and the Central Bucks School District from any liability arising out of any first aid or immediate treatment of injuries.

### STATEMENT REGARDING ACCIDENT INSURANCE WAIVER

I, the undersigned am completely aware that the Central Bucks School District, Central Bucks Community School, and Central Bucks Aquatics **DO NOT** provide accident insurance for ANY child or adult participating in the aquatics programs offered by Central Bucks Community School and assume **NO LIABILITY** for injuries sustained from participation. I, the undersigned, further acknowledge and agree that neither the School District, the Community School, nor CB Aquatics will assume any liability for any injuries sustained by participation in the program. I herein release the School District, the Community School, CB Aquatics, its agents, representatives, employees, volunteers and the like from any and all liability related to the participation in the programs offered by the School District and Community School. I give my consent for the above-named participant to take part in any community school aquatic programs.

### STATEMENT REGARDING CENTRAL BUCKS AQUATICS POLICIES

I have read and agree to the policy statements on the college swimmer registration information page of the CB Aquatics website (<https://www.cbsd.org/Page/3381>), including MAAPP.

\_\_\_\_\_  
Signature of Participant (or parent/guardian if participant is under 18 years old)

\_\_\_\_\_  
Print Name of Signer

\_\_\_\_\_  
Date

Email this form to: [jsteinberg@cbsd.org](mailto:jsteinberg@cbsd.org)