

Bishop Kelly Swim Team 2011 Swimmer Profile

Name: _____

Address: _____

City & Zip: _____

Phone: _____

Year In School: _____

Choice of events with your best times(if you know them)

1. _____ **TIME:**

2. _____ **TIME:**

3. _____ **TIME:**

Would you be willing to swim the 100 fly, 200 IM and 500 Free?

Yes or No (circle one)

Goals For The Season:

What other activities, clubs or hobbies do you do?

**Return this form to: Deb Marria
4274 N. Nines Ridge Lane
Boise, Idaho 83702**

I have read and understand the BK Swim Team Rules, the New Policies, and Lettering Requirements.

_____ Swimmer Signature

_____ Parent Signature

Note: Please return with registration

Parents Insurance Form

Athlete's Name _____

School _____

Dear Parent:

Our athletic accident policy, which provides insurance for your son or daughter for injuries occurring while participating in the play or practice of high school swimming, is **EXCESS or SECONDARY** to any other collectible group insurance benefits. This means that any claim for benefits must first be filed with the group insurance company providing coverage to your child through your own policy or employment policy. After they have paid all available benefits, our athletic insurance will consider your remaining claim.

We, as a member of Treasure Valley High School Swimming, do not have the option of waiving the requirement of filing with your group insurance. Athletes must have primary coverage to participate.

By signing below, I acknowledge as parent or guardian of the above named athlete, that the insurance coverage provided by Treasure Valley High School Swimming is secondary and that my child has primary insurance coverage.

Date _____

Signature of parent or guardian _____

Name of primary insurance company _____