

# ***2010 Swim & Dive Team Registration***

Returning swimmers & divers may register by mail using this form.

First-time swimmers & divers, please register at the Swim/Dive Sign-Up Meeting on Friday, June 4 from 4:00 to 6:00 pm. You WILL be asked to get in the water!

Meet the Coaches Day will follow the first practice on Saturday, June 5, beginning at 11:00 am.

Swim Team Families must volunteer for at least three home meets, or pay a \$125 participation fee. Schedules will be posted at the *Simply Swimming* Open House on April 22 and at the pool during Sign-Up and Meet the Coaches Day. Sign-ups are on a first-come, first-served basis. The participation fee rule will be enforced — BUT WE'D RATHER HAVE YOUR HELP!!

### ***Fees for the 2010 Swim/Dive Season:***

Swim Team (per child)	\$130/\$125*	Dive Team (per child)	\$130/\$125*
Both Teams (per child)	\$130/\$125*	Family Maximum	\$310/\$300*

\* - lower rate includes discount for cash or check payment

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

Child's Name	Birthdate	Swim/Dive/Both	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate T Shirt size for each team member: \_\_\_\_\_  
 (Youth M, Youth L, Adult S, Adult M, Adult L or Adult XL)

SUBTOTAL \_\_\_\_\_

Participation Fee (\$125 in lieu of volunteering) \_\_\_\_\_

TOTAL FEES (transfer this amount to 2010 Pool Membership Registration form) \_\_\_\_\_



You must also complete the reverse side of this form — it is a waiver that **must** be signed for any swimmer or diver to compete in swim/dive meets. This is a requirement by Madison All-City Swim/Dive League, Inc. for all participants on swim and dive teams. Swimmers and divers will not be permitted to take part in meets unless this waiver is on file.

**RELEASE AND WAIVER OF LIABILITY,  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

IN CONSIDERATION of access to and use of the facilities of the member pools and their respective legal owners (Hawks Landing Pool, High Point Pool, Hill Farm Pool, Maple Bluff Country Club, Middleton Swim Club, Monona Swim Club, Nakoma Country Club, Parkcrest Pool, Ridgewood Pool, Seminole Pool, Shorewood Pool, and West Side Pool, collectively referred to as the "Hosts") of the All-City Swim/Dive League, Inc. (the "League") for use in events by the Hosts and the League, THE UNDERSIGNED, in his/her individual capacity as well as parent or guardian of the below listed minor child/children (the "Children"), for himself/herself, his or her personal representatives, heirs, and next of kin:

1. HEREBY WARRANTS AND REPRESENTS that: (i) he or she understands that the particular activities which the Children may undertake at the Facilities may involve vigorous physical exercise, including by way of example swimming, diving, exercise, and prolonged or peak physical activity, as well as use of recreational equipment or other devices located at the Facilities (collectively, the "Activities"); (ii) he or she understands that there are significant risks associated with participation in the Activities, including by way of example the possibility of serious injury or death caused by falling, exertion, physical activity, drowning, accident, injury related to use of equipment or devices, or injury caused by or inflicted by the acts or negligence of other participants; and (iii) the Children are in sufficient physical condition and are physically able to undertake all Activities, and have no disability, impairment or ailment preventing him or her from active or passive exercise, or that will be detrimental to his or her health, safety, comfort or condition if he or she does so engage or participate.

\_\_\_\_\_ [initial]

2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the League, its directors, officers, agents and employees (the "Releasees") FROM ALL LIABILITY, TO THE CHILDREN AND THE UNDERSIGNED, their personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE CHILDREN ARISING OUT OF OR RELATED TO THE ACTIVITIES OCCURRING WHILE AT THE FACILITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE (BUT NOT INCLUDING INTENTIONAL OR RECKLESS ACTS OF THE RELEASEES).

\_\_\_\_\_ [initial]

3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST the Children or the Undersigned may incur arising out of or related to THE ACTIVITIES WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE (BUT NOT INCLUDING INTENTIONAL OR RECKLESS ACTS OF THE RELEASEES).

\_\_\_\_\_ [initial]

4. HEREBY ACCEPTS THE RISK AND ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE TO THE CHILDREN arising out of or related to THE ACTIVITIES whether caused by the NEGLIGENCE OF RELEASEES or otherwise (BUT NOT INCLUDING INTENTIONAL OR RECKLESS ACTS OF THE RELEASEES), and furthermore acknowledges, pursuant to the recreational activities statute, Wis. Stat. § 895.525, that the Children have a responsibility to act within the limits of his or her ability, to heed all warnings regarding participation in the recreational activity, to maintain control of his or her person and any applicable equipment or devices, and to refrain from acting in any manner that may cause or contribute to death or injury for himself or herself or to other persons.

\_\_\_\_\_ [initial]

5. HEREBY acknowledges that prior to signing this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, the Undersigned has had the opportunity to contact a representative of the League to discuss and/or bargain regarding any of the terms set forth herein.

\_\_\_\_\_ [initial]

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Full Name and Birthdate of Child/Children Covered by this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement:

- |               |                       |
|---------------|-----------------------|
| 1. Name _____ | Birthdate ___/___/___ |
| 2. Name _____ | Birthdate ___/___/___ |
| 3. Name _____ | Birthdate ___/___/___ |
| 4. Name _____ | Birthdate ___/___/___ |
| 5. Name _____ | Birthdate ___/___/___ |

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## **Starts & Turns Development Clinic Waiver:**

*I, the undersigned, hereby acknowledge that I am familiar with the risks and dangers inherent in the activity of competitive swimming and related training. I hereby grant permission for my child/ward to participate in the Starts & Turns Development Clinic. I agree to hold Ridgewood Pool, its officers, agents and employees, both individually and in official capacity, harmless from any liability for injury or damage to person or property as a result of my child/ward's participation in this activity. I hereby agree that the person supervising the activity may, without further permission, take whatever steps he or she deems necessary in case of injury, including obtaining emergency medical or dental care, and to hold Ridgewood Pool, its officers, agents and employees harmless from liability in connection therewith as above specified.*

**Parent/Legal Guardian Signature**

\_\_\_\_\_ Date \_\_\_\_\_

## Ridgewood Pool Starts & Turns Development Clinic

June 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> — 3 Sessions  
Tuesday, Wednesday & Thursday

9-10 year olds 5:00-6:00pm

11-14's 6:05-7:05pm

\*\*\* Swim Team Experience required \*\*\*

Ridgewood's successful Swim Team Staff will conduct a one-week Starts & Turns Clinic the week before swim team starts. This clinic will review techniques, and improve proficiency of two critical parts of each race — starts and turns for all strokes. It's a great way to get ready for the summer swim season!

**Only \$15.00 for Ridgewood Members, \$25.00 for Non-Ridgewood Members**

Clinic will be held in inclement weather. No refunds or makeup for weather related cancellations.  
Maximum number of participants: 40 swimmers/session.

Please fill out form below and enclose with your membership registration.  
Additional forms for non-Ridgewood members are available on request.

2010 Starts & Turns Development Clinic enrollment form (include with registration materials and fee payment):

Swimmer(s):

Circle Session Time

Name \_\_\_\_\_ Age \_\_\_\_\_ Session 5:00 or 6:05

Name \_\_\_\_\_ Age \_\_\_\_\_ Session 5:00 or 6:05

Name \_\_\_\_\_ Age \_\_\_\_\_ Session 5:00 or 6:05

Address \_\_\_\_\_

Ridgewood Member \_\_\_\_\_ yes, \$15.00 per swimmer \_\_\_\_\_ no, \$25.00 per swimmer

Total enclosed for Starts & Turns Development Clinic \$ \_\_\_\_\_

***Please also sign waiver on the back of this form.***

*Questions? Please contact Michele Hughes 271-5324*

# 2010 Stockholder Ballot

The Ridgewood Pool Board of Directors has four openings for the coming season. Positions served by any one member may change during his or her term. Board members serve a term of three (3) years. The new term begins May 1, 2010. Anyone interested in serving on the Board should contact a current board member. Following are brief statements prepared by each candidate:

Please vote for four (4) of the following candidates for the Board. Indicate your choice by checking the appropriate blank.

- MEGHANN ALBERT** - My name is Meghann Albert and this will be our third summer as members of the RW family! I have three children and my oldest daughter Alli will swim her third summer as an 8 and under! I grew up living in the Orchard Ridge Neighborhood and spent most of my childhood summers at pool. I was involved in both the swim team and water ballet! I have such incredible memories from RW! I am excited for the summer and look forward to the possibility of being part of the Board. It is my goal to continue RW tradition and make more incredible memories for all our children this coming summer!
- BETH CHORLTON** - Hello, my name is Beth Chorlton and this will be our family's second year at Ridgewood. My husband, Mac, and I have two children (Ella 7 yrs old, Drew 5 yrs old). We loved our first year at RW and look forward to many more years to come. I grew up 4 blocks from Ridgewood and spent nearly every summer day of my childhood at the pool. I was on the swim team, participated in water ballet and also life guarded for several years. Ridgewood was a pivotal part of my childhood and allowed me to develop lifelong friendships. I am thrilled to back at RW and look forward to helping further build our RW community as the Membership Chair on the Board of Directors. I ask for the opportunity to give back to the wonderful pool community that has given me so many great memories.
- ERIC JENSEN** — I am the current Ridgewood Board President, and running for my 2<sup>nd</sup> Term on the Board. I started swimming at Ridgewood at age 4, participated on Swim Team through High School, worked as a Guard & Swim Instructor, Assistant Swim Coach and Head Swim Coach. My wife, Jodi, and I have two sons (Joe — 9 and Jake — 7) who participate in lessons and on Swim Team, and a daughter (Jane — 2). We live on Flad Avenue and consider Ridgewood a critical anchor for our neighborhood. My goal as a Board Member is to help revive RW's membership base to ensure the pool's long-term viability as a place where kids (including ours) can learn to swim, have fun, feel safe and build the same kinds of lifelong friendships I have enjoyed as a result of Ridgewood.
- VACANCY WITHOUT CANDIDATE** — Will be appointed by Board. If interested in serving, please contact the Board via [info@ridgewoodpool.com](mailto:info@ridgewoodpool.com).

I understand that only stockholding members of Ridgewood Pool may vote for board members, and that each stockholding family is entitled to one (1) vote. By completing this ballot, I affirm that I am a stockholder.

NAME (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



***Please enclose this ballot with membership registration.***

## ***2010 All-Member Volunteer Form — WE NEED YOUR HELP!***

Ridgewood offers social events throughout the summer. We need your participation to help make them successful. Please indicate your interest in one of the volunteer opportunities below.

*Help us make Ridgewood a great place to spend the summer!*

<b><i>Event/Activity</i></b>	<b><i>Date(s)</i></b>	<b><i>Name(s)</i></b>
Neighborhood Canvass (Membership Brochure Drop)	Dates TBD in March/April (Email <a href="mailto:ejjensen@charter.net">ejjensen@charter.net</a> if interested.)	
Outdoor Site Clean Up Day	Saturday, April 24, 9:00 am	
Pool Repair/Work Day	Saturday, May 1, 9:00 am	
Indoor Clean Up Day	Saturday, May 22, 9:00 am	
Ice Cream Social	Sunday, June 20, 2:00 — 4:00 pm	
Pool Carnival	Sunday, July 11, 1:00 — 3:00 pm	
Ridgewood Relay Meet	Wednesday, July 7th	
Adult Night	Saturday, July 17, 7:30 — 11:00 pm	
Family Movie Night	Saturday, Aug. 21, 8:30 — 10:30 pm	
Teen Nights (Wednesdays — please circle available dates to help)	6/17 6/23 6/30 7/14 7/21 7/28 8/4 8/11 8/18 8/25	
Sunday Brunch (Sunday mornings, — please circle available dates to help)	6/6 6/13 6/20 6/27 7/4 7/11 7/18 7/25 8/1 8/8 8/15 8/22 8/29	

- I am willing to chair one of the above events. (If yes, indicate which above.)
- I would like to volunteer a block or 2 hours or more to the pool, but can't commit to a specific shift, at this time. Please contact me for individual jobs that can be done independent from the above activities.
- I will pay the \$50 Volunteer Buy-Out.

Name (s) \_\_\_\_\_

Phone/Email \_\_\_\_\_

Comments-Ideas-Suggestions? \_\_\_\_\_  
\_\_\_\_\_

# 2010 Ridgewood Pool Membership Registration Form

**Member Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Email \_\_\_\_\_

**Membership Fees:**

Please write the correct amount on the line to the Right, and Add/Subtract to calculate your Summer 2010 total.  
(The price on left is Full Price (Credit Card), the price on right\* is the Cash/Check discount price.)

<u>Fee Category</u>	<u>Full Price/Cash-Check Price</u>	<u>Write Amount</u>
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I am a current Stockholder (or am purchasing Stock below) and wish to pay my Annual Membership Fees as follows:

Family Plus or Family Plus Team Membership.....	\$615/\$595*	\$ _____
Family Rec Membership.....	\$545/\$525*	\$ _____
Couple Membership.....	\$340/\$325*	\$ _____
Individual Membership.....	\$260/\$250*	\$ _____

2009 Summer Non-Stock Member discount (must own or buy stock or installment plan).....	Discount \$200	\$ _____
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I wish to purchase <u>Ridgewood Pool Stock</u> this year (full payment) .....	\$550	\$ _____
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OR

I wish to make my ___1 <sup>st</sup> , ___2 <sup>nd</sup> or ___3 <sup>rd</sup> <u>Stock Installment</u> payment.....	\$200	\$ _____
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I wish to pay <u>Swim &amp; Dive Team fees</u> (transfer amount calculated on Swim/Dive Team form) .....		\$ _____
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I am including registration for the <u>Stroke Clinic</u> (transfer amount from Stroke Clinic form) .....		\$ _____
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I wish to pay the <u>Volunteer Buy-Out Fee</u> .....	\$50	\$ _____
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I wish to purchase a <u>2010 Non-Stock Summer Membership</u> (only new members) .....	*\$410/\$395*	\$ _____
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I wish to <u>Donate</u> this amount to the pool for the specified purpose below.....	Donation.....	\$ _____
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\_\_\_\_\_ Swim Team    \_\_\_\_\_ Dive Team    \_\_\_\_\_ Bldg & Grounds    \_\_\_\_\_ Best Use

TOTAL OF ALL FEES (please enclose check with this form payable to "Ridgewood Pool, Inc." — or, to pay via credit card go to <a href="http://www.ridgewoodpool.com">www.ridgewoodpool.com</a> to make secure payment, and indicate below) .....		\$ _____
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Please send all forms no later than May 1, 2010 to:

**Ridgewood Pool Membership**  
c/o Patty Otterson  
595 Linden Street  
Verona, WI 53593

Upon receipt of fee payment your complimentary Guest Pass will be issued, available for pick up at the pool.

New to Ridgewood? How did you hear about us? If Referred by another member, please write referring family name below (one name only please) —

**Please indicate here if you will be paying by Credit Card:**

\_\_\_\_\_ YES, I will pay by credit card — go to [www.ridgewoodpool.com](http://www.ridgewoodpool.com) to make secure payment

\_\_\_\_\_ NO, I am paying by Cash/Check (enclosed with this form)

*You must fill out Emergency Medical Treatment Release Form for children younger than 18.*

# Ridgewood Pool, Inc.

## 2010 EMERGENCY MEDICAL TREATMENT RELEASE FORM

*Each family must return this form before access to the Pool will be allowed.*

Family Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian First Names: \_\_\_\_\_ and \_\_\_\_\_

Daytime/Work/Cell Phones: \_\_\_\_\_ and \_\_\_\_\_

Places of Employment: \_\_\_\_\_ and \_\_\_\_\_

Name of Child	Birthdate	Relationship	Medical allergies, chronic illnesses/other conditions
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____

\_\_\_\_\_  
*Parent/Legal Guardian signature required* \_\_\_/\_\_\_/\_\_\_  
*Date*

*By completing and signing this form, I authorize the treatment, by a licensed physician, of the above minor(s) in the event of any medical emergency which, in the opinion of the attending physician, may endanger the minor's life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted if the injury is threatening or after a reasonable effort has been made to reach a parent or guardian listed above.*

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic/Group: \_\_\_\_\_

*Other contact, in case parent/guardian cannot be reached:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_