



CONDORS SWIM CLUB

115 N. Main St. • New City, NY 10956 • (845) 638-4381 • FAX (845) 638-6181 • Join@CondorsSwimming.com



Dear Parents and Swimmers,

Thank you for your interest in joining the Condors Swim Club. This is a very exciting time for our team as we have made several significant changes. We have made several new coaching additions to our program including 6-time USA National Team Coach Don Wagner, YMCA National Coach of the Year Jeff Allen and AMS Coach of the Year Jim Wargo. Our entire staff is committed to providing your child with the absolute best environment, allowing them to reach their full potential as an athlete, student and well-rounded individual.

Please complete the attached Try-Out Form which allows your child to practice with the team for a 1-2 week long period. If you chose to join our club, please visit the team website at www.CondorsSwimming.com to print out a registration packet.

If you have any questions, feel free to contact me at anytime.

Sincerely,

Nick Chevalier

Director of Community
Programs & Marketing

Condors Swim Club

845.638.4381

Join@CondorsSwimming.com

Condors Swim Club – Try-Out Application

Please complete as much of this form as possible (one form per swimmer).

Athlete Information:

Swimmer's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Phone : _____

Street Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Medical Information:

Doctor's Name: _____ Phone: _____

Does the swimmer have: (circle all that apply)

Contact Lenses Allergies Asthma Diabetes Seizure Disorder Bleeding Problems ADHD

Special Needs: _____ Other Health Issues: _____

Current Medications (please list all): _____

Try-out Release and Indemnification:

In consideration of Participant being permitted to participate in the Activity and to use the program's facilities and equipment, I hereby accept all risk to Participant's health injury or death that may result from such participation. I hereby release the Condors Swim Club, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by negligence of the Condors Swim Club, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Condors Swim Club has my permission to seek appropriate emergency medical attention for the above named minor, in the event the designated parties are unavailable. I/We agree to hold Condors Swimming, its employees or agents harmless for any liability arising out of any good faith actions taken in seeking and carrying out emergency treatment.

Parent/Guardian Signature

Date

Coach Use Only:

Pre-Team Str. Dev. Bronze Silver Gold Senior

Try-Out Start Date: _____ Try-Out End Date: _____ Coach Signature: _____