

Swimmer # _____

Swimmer Name: _____

Birth date: _____

Parents' Names: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

Coaches Only:

Free 1 2 3 4 5 _____

Back 1 2 3 4 5 _____

Breast 1 2 3 4 5 _____

Fly 1 2 3 4 5 _____

RELEASE OF LIABILITY: I hereby release Surfside Swim Team and each of its officers, agents, and employees from any liability for any accident during my child's participation in any part of the Surfside Swim Team program

Parent/Guardian Signature

Date