

**FLORIDA SWIMMING
MINOR RELEASE FORM**

MINOR'S NAME (PLEASE PRINT)

DOB AGE SEX

DAY/DATE OF TRANSITION MEET TIME

LOCATION OF TRANSITION

PARENT/GUARDIAN GRANTING PERMISSION FOR RELEASE OF

CHAPERONE COMPLETING RELEASE

NAME

NAME

RELATIONSHIP TO MINOR

COACH/TEAM MANAGER

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

CELL PHONE WORK PHONE

CELL PHONE WORK PHONE

SIGNATURE

SIGNATURE

PARENT/GUARDIAN RECEIVING MINOR

ADDITIONAL NOTES/DIRECTIONS

NAME

RELATIONSHIP TO MINOR

ADDRESS

CITY

CELL PHONE WORK PHONE

SIGNATURE

Should the minor not be met as stated above, the chaperone will contact the parent/guardian for further instructions.
Shall the parent/guardian not be available for other directions, the chaperone will wait **NO MORE** than 1 hour before making a
decision that is in the best interest of the minor in conjunction with Safe Sport and Florida Swimming, Inc.

PARENT/GUARDIAN SIGNATURE **DATE**

CHAPERONE **DATE**