

Swimmer's Name:

Preferred Name: _____ Registration Date _____

Group _____

Currently registered with USA Swimming? YES / NO

If yes, with what team and state

School currently attending _____ Grade Level _____

Family Information

Mother's Name:

_____ Father's Name: _____

Street Address:

City: _____ State: _____

Zip: _____

Home Phone: _____ Email: _____

Mother's Work/Cell

Phone: _____

Father's Work/Cell Phone:

Emergency Information

Person to contact in case of emergency: _____ Phone: _____

_____ Relationship to Swimmer:

Allergies:

Medical Conditions:

Medications Taken: _____ Medications to Avoid: _____

I, _____, the parent/guardian of the aforementioned swimmer agree and understand that swimming is a hazardous activity. I recognize that there are inherent risks in the sport of swimming including, but not limited to, paralyzing injuries and death. I agree to have the aforementioned swimmer participate in the Hurricanes swim team program at the SKY Family YMCA, and agree to indemnify and hold harmless the SKY YMCA Hurricanes, SKY Family YMCA, its coaches, officers, and employees for any damages incurred from any claims, demand, action, or cause of action on behalf of the swimmer. I have noted all health/medical issues of which the YMCA staff should be aware.

I have carefully read the above and foregoing liability release and sign it with full knowledge of its contents and significance:

Signed: _____ Date:
