Two-Week Free Trial Information Sheet

Before you come to your first practice, please go to the www.NebraskaAquatics.com home page for complete details.

Please provide all information below, sign the form, and give to an NA coach your first day!

Start Date of Trial:	**End Date of Trial:**

Swimmer Name(s):	Birthdate:	Age:	Group (to be assigned by a coach):
			❑ Beg. Red ❑ Red ❑ Black ❑ White ❑ High School ❑ Masters
			❑ Beg. Red ❑ Red ❑ Black ❑ White ❑ High School ❑ Masters
			❑ Beg. Red ❑ Red ❑ Black ❑ White ❑ High School ❑ Masters

Please list on the back of this page any important information we should know about your swimmer(s)—examples: food allergies, medical conditions, medications, etc.

Parent/Guardian Name(s):

Street:	City:	State:	Zip:

E-mail(s):

Phone number(s):

Emergency Contact(s):	Phone number(s):

I understand that participation in Nebraska Aquatics activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Lincoln Swim Club; Nebraska Aquatics Board of Directors; and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up, and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent/guardian signature_____ Date_____