**GCSTO 2018/2019 Tryout Waiver: ALL POOLS**

(ONLY fill out this application if you are NEW to the team and participating in the 2-week trial period)

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Swimmer's Last Name First Middle

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Address City State Zip

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Telephone E-Mail    Birth date Age Sex

Please describe medical conditions or other problems that may affect swimming (e.g. asthma, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Father's Name & Telephone Number Mother's Name & Telephone Number

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Father's Address (if different from above) Mother's Address (if different from above)

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Father Employed by Occupation Mother Employed by Occupation

If parents cannot be reached please notify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Relationship

This is a registration for tryouts with the Greater Columbus Swim Team of Ohio (GCSTO) which is owned and operated by Aquatic Consultants Enterprises, Inc. (ACE). I agree to abide by the Constitution, Rules, By-Laws, Decisions and interpretations of the GCSTO organization, its coaching staff, ACE, Inc., the Columbus Academy, the Magnuson Grand Columbus Sports Club, the St. Charles Preparatory School, the Wyandotte Athletic Club & the Gahanna Swimming Pool or any other facility in which the team may hold activities. I grant permission for the GCSTO Coaching Staff to authorize any necessary medical attention to the above named swimmer in my absence. I also grant the GCSTO Coaching Staff disciplinary authority in my absence. I hereby give my consent for the above named swimmer to engage in any and all training sessions with the team during tryouts. I release GCSTO and ACE of any liability for any youngster's personal health due to no physical examination prior to participation. GCSTO reserves the exclusive rights to whom membership is granted based on the swimmer’s compliance, or the compliance of that swimmer’s family, with team policy.

**REQUIRED** Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail to GCSTO P.O. Box 30483 Gahanna, OH 43230 Head Coach, Steve Nye at 614-478-5445** [**www.gcsto.com**](http://www.gcsto.com)