

QUEEN ANNE SWIM CLUB MASTERS
Registration/Consent/Release Form

Name: _____ **Birth Date:** _____

Address: _____

Email or Other: _____

Home Telephone: _____ **Cell or Other:** _____ **Work:** _____

USMS Registration: _____

Emergency or Other Contact: _____

Telephone: _____

Physician: _____ **Telephone:** _____

Please list any relevant facts that QASC should be aware of pertaining to your health and swimming. Please note any restrictions on activity and any medication taken.

I assume complete responsibility for following the stated and posted water safety regulations at any pool or facility used by QASC, and to follow all directions of coaches and/or QASC representatives in charge of events. I declare that I will not hold QASC, any of its employees, officers, members or volunteers responsible for any injuries, damage, or personal property loss incurred while participating in scheduled workouts, meets or events.

Signed: _____ **Date:** _____