

Group _____

For office use only

SWIMMERS' INFORMATION: PLEASE COMPLETE ENTIRE FORM

Mother's/Guardian's Information:

Name: _____ Home Phone: (_____) _____ - _____
Address: _____ City: _____ Zip: _____
Work/Cell Phone: (_____) _____ - _____ E-mail: _____

Father's/Guardian's Information:

Name: _____ Home Phone: (_____) _____ - _____
Address: _____ City: _____ Zip: _____
Work /Cell Phone: (_____) _____ - _____ E-mail: _____

Swimmer's Information:

Name (First M. Last)	Preferred Name	Gender (F/M)	Birth Date	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In case of an emergency, the name of a relative or friend who we can contact if you are not available:
_____ Phone: (_____) _____ - _____ Relationship: _____

The primary communication method for the team is by e-mail, if you do not have e-mail how should we best inform your family about the team? _____

The board plans to release a family directory of swimmers names, parent's names, email, and primary contact phone number to the other families of the team. If you do not wish to be included in this family directory, please initial.

***** MEDICAL RELEASE FORM *****

I grant authority to the MMSC to provide qualified medical attentions, transportation, and emergency medical service to each swimmer listed below. In the event of medical emergency where I am not promptly available, I give full authority to the MMSC to act on my behalf, for the sole health benefit of each swimmer listed below. Furthermore, except for the medical conditions listed below, I acknowledge that each swimmer listed below (1) is in good physical condition, (2) has no other disease or injury, and (3) is capable condition to swimming with the MMSC.

Swimmers	Medical Condition(s)/Allergies	Doctor's Name/Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

***** LIABILITY RELEASE FORM *****

Please be advised that I, _____ (hereafter "I, me, my"), am the legal custodial guardian of each swimmer listed above and that I hold the custodial powers and duties as provided in RCW26.10.160.

I understand that it is the express intent of the Mighty Marlins Swim Club, hereafter MMSC, to provide for the safety and protection of its members. In consideration to (1) membership in MMSC, (2) my participation in MMSC activities, swimmers listed above, hereby **AGREE TO WAIVE ANY and ALL LEGAL CLAIMS** against the MMSC, USA Swimming, and those associated with USA Swimming, for **ANY INJURY or DEATH** occurred during or as direct cause of participating in a MMSC sponsored activity. I grant the MMSC a complete release of liability to any injury obtained by each swimmer listed above, or by me, or by my spouse, or by any of my family members while participation in any non-negligent MMSC sponsored activity.

By signing below, I acknowledge that I have read and do fully understand the Medical Release Statement and Liability.
Parent/Guardian Signature(s) _____ Date _____
