

Beaver Meadows Swim Team

Application and Waiver

Swimmer's Name _____ Age _____ Birthdate _____

Gender M F

Swimmer's Name _____ Age _____ Birthdate _____

Gender M F

Parent's Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Name & Phone # _____

Pediatrician Name _____ Phone _____

Medical/Allergy Concerns _____

I, _____ give my permission for my son/daughter to attend the Beaver Meadows Swim Team June 25th, 2018 – August 4th, 2018.

In allowing my child's participation in the Beaver Meadows Swim Team, I/We agree that the Beaver Meadows Golf Club, including staff, lifeguards, and coaches will not be liable for any legal claims arising out of unforeseeable conditions, accidents or negligence. Please be aware that swimmers will participate at their own risk.

I, also give The Beaver Meadows staff and or members permission to use photos of swimmers on future DVD's or websites for promotion of the swim team.

Parent's Signature _____ Date _____