

# 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 July 1<sup>st</sup>, 2019 – August 3<sup>rd</sup>, 2019.

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 \_\_\_\_\_