



SWIMMER'S NAME: _____

BIRTH DATE (mm/dd/yyyy): ___/___/___ AGE: ___ GENDER (M/F): ___

PARENTS NAME: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

CELL PHONE: _____ / _____

SWIMMING ABILITY

___ BEGINNER

___ INTERMEDIATE

___ ADVANCED

EMERGENCY CONTACT INFORMATION

NAME: _____

NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

PHONE: _____ OR _____

PHONE: _____ OR _____

1. Is your child currently under a Physicians' care? YES or NO
 2. Does your child take medication? YES or NO
 3. Does your child have any known allergies and/or allergic reactions? YES or NO
- If any of the three questions above were answered YES, please explain below:

SWIM SUIT SIZE: _____

T-SHIRT SIZE: _____

By signing this document, I acknowledge that I have read and understand this entire document. I also give my permission for my child _____ to participate in authorized swim team events and practices under the supervision of the swim team staff. I also understand it is my responsibility for providing or obtaining transportation to and from swim events for my child. I give my permission for swim team staff to use any and all necessary medical treatments in the event I cannot be contacted, including transportation to the local emergency room. By signing this document, I agree to hold harmless the Swim Team staff, all City of Bay Minette employees, representatives and or its agents from any and all responsibility and liability of any nature resulting from my child's participation in any swim team activities.

Parent or Guardian

_____/_____/_____
Date