

Swim Club Registration/Permission/Waiver Slip

Club Participants Name: _____

Address: _____

Date of Birth: _____

Parent/Guardian Name: _____

Address (if different): _____

Phone Number: _____ E-mail address: _____

The Seymour Community Swim Club participates in swim meets hosted by other swim clubs. I understand the registered adult in charge of these swim meets is Sarah Tracy.

As a participant, my child is responsible for arriving on time, with appropriate equipment (to include swimsuit, towel, goggles and swim cap) and prepared to participate in the event.

I give permission for my son/daughter _____ to participate with the Seymour Community Swim club in these swim meets. I acknowledge that my son/daughter may be transported to and back from these events. I acknowledge and accept that the Seymour Community Swim Club does not maintain an insurance policy and as such, the club and any volunteers are not liable for any claims incurred as a result of injury sustained while participating in these events, including, but not limited to, travel to and from the events.

Parent/Guardian signature _____ Date: _____.

I give permission for any photographs taken of my child, while participating in practice or competition to be used by the Seymour Community Swim Club, including use on the club website.

Parent/Guardian signature _____ Date: _____.

----- **FOR CLUB USE ONLY** -----

Returning Member: Yes No

Dues Paid: Yes \$ _____
 Cash Check # _____