

## Release of Liability

My Child, \_\_\_\_\_, is a member of CHAWP Aquatics and has my permission to participate in all activities but not limited to practices, meets, games, tournaments and travel. I certify that my child has full medical insurance. I also certify, to the best of my knowledge that my child is physically fit and able to participate in sporting events.

I acknowledge that swimming is an extreme sport and can lead to minor or serious bodily injury. With full understanding of the potential risks, I hereby assume those risks of participation. In the event of an injury, I assume financial responsibility for the bills incurred.

In the event of an injury or sudden illness, I as legal guardian, hereby grant my permission for my child to be treated by a qualified and licensed physician in the event that immediate treatment is necessary, as determined by the attending physician. Permission for treatment is authorized in the event that I am unable to be reached following a reasonable effort to do so. I understand that it is my responsibility to inform the club administration when my contact and/or insurance information changes.

I also agree to pay all fees associated with membership in the club: session fees, meet fees equipment fees, travel fees where applicable, etc. I certify that I have read and understand the release of liability. I understand that the release of liability applies to all activities or events sponsored by CHAWP Swim Team. I understand that I have given up substantial rights.

I, \_\_\_\_\_, the undersigned parent or legal guardian of the athlete \_\_\_\_\_ executes the foregoing release for and on behalf of the minor named herein. I hereby bind the minor, all other assignees and myself to the terms of this release. I represent that I have legal capacity and authority to act on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities named in this waiver and release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act and on behalf of the minor in the execution of this release.

I fully consent to my child's participation in events sponsored by CHAWP Aquatics Club.

Parents/Guardian's Printed Name: \_\_\_\_\_

Parents/Guardian's Signature: \_\_\_\_\_

Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

# CHAWP Swim Team Registration, Contact Information and Release of Liability Form

Please turn in the form the first night of practice.

## **Athletes info:**

1<sup>st</sup> Child Full Name(include middle initial)\_\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ Age:\_\_\_\_\_ Male:\_\_\_\_ Female:\_\_\_\_

2<sup>nd</sup> Child Full Name(include middle initial)\_\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ Age:\_\_\_\_\_ Male:\_\_\_\_ Female:\_\_\_\_

3<sup>rd</sup> Child Full Name(include middle initial)\_\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ Age:\_\_\_\_\_ Male:\_\_\_\_ Female:\_\_\_\_

Home Address:\_\_\_\_\_

City:\_\_\_\_\_ Zip:\_\_\_\_\_

## **Parent/Guardian info:**

Mother's Name:\_\_\_\_\_ Mother's Cell:\_\_\_\_\_

Father's Name:\_\_\_\_\_ Father's Cell:\_\_\_\_\_

Guardian's Name:\_\_\_\_\_ Guardian's Cell: \_\_\_\_\_

Primary Email(print clearly):\_\_\_\_\_

## **Emergency info:**

Emergency Contact:\_\_\_\_\_ (other than Parents)Phone: \_\_\_\_\_

Relationship:\_\_\_\_\_ Additional Phone:\_\_\_\_\_

Physician's Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Health Insurance Co.:\_\_\_\_\_ Group#:\_\_\_\_\_ Phone:\_\_\_\_\_

Allergies and/or other medical conditions:\_\_\_\_\_

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