

VERGENNES "CHAMPS" SWIM TEAM
REGISTRATION & MEDICAL/PHOTO RELEASE FORM
vergennesswimteam@gmail.com

Swimmer Information

Swimmer #1 Full Name: _____ D.O.B. ___/___/___ Age: ___ Sex: ___

Swimmer #2 Full Name: _____ D.O.B. ___/___/___ Age: ___ Sex: ___

Swimmer #3 Full Name: _____ D.O.B. ___/___/___ Age: ___ Sex: ___

Swimmer #4 Full Name: _____ D.O.B. ___/___/___ Age: ___ Sex: ___

Parent/Guardian Information

Parent/Guardian Name(s): _____

Phone Number(s): _____

Address: _____ City/Town/ Zip: _____

Email: _____

Email: _____

Email: _____

Emergency Contact Information

Emergency Contact Name/Number(s): _____

Emergency Contact Name/Number(s): _____

Parent Volunteer

The sport of swimming relies on volunteers such as timers, concessions, food donations, clean-up, scoring, officiating, etc. We can't run a swim meet or a swim team without you! What job(s) would you like to volunteer for this season? Please see the job list for a complete list.

1. _____ 2. _____

Medical/Photo/Liability Release

I give my permission for my child/children to participate in the sport of swimming during the 2018 Vergennes summer swim team season. I understand there are inherent dangers associated with any sport, and agree to hold harmless, without liability, the Vergennes Swim Team in its entirety including the Coaches, the Board, the Champlain Valley Swim League and Vermont Swimming Association. I give permission for the Vergennes Swim Team coaching staff to seek emergency medical treatment for my child(ren) if necessary.

Parent / Guardian Signature: _____ Date: _____

Photo Release

By signing below, I hereby grant permission to the Vergennes Swim Team to publish photographs in local media (newspaper, team website/Facebook page) of my child(ren) in accordance with our safe sport policies. I understand that the Vergennes Swim Team cannot control photographs taken by the media or spectators at team events.

Parent / Guardian Signature: _____ Date: _____