

GRAY EAGLE SWIM TEAM WAIVER 2020

Swimmer's Name: _____ DOB: _____ AGE*: _____ T-shirt Size: YM YL S M L

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Medical Information and Emergency Contact:

Swimmer's Name: _____ Medical Condition? Yes / No

If Yes, Please Explain: _____

Swimmer's Name: _____ Medical Condition? Yes / No

If Yes, Please Explain: _____

Swimmer's Name: _____ Medical Condition? Yes / No

If Yes, Please Explain: _____

Emergency Contact

Name: _____ Relationship: _____ Number: _____

Liability Waiver

We the parents of _____ / _____ / _____ / _____

do hereby give our approval to our child's/children's participation in swimming and other activities of Gray Eagle Swim Team during the 2020 summer season. We assume all risks and hazards incidental to our child's/children's participation in the sport or other activity, including transportation to and from meets, practices, or other events. We hereby release, and agree to indemnify and save harmless Gray Eagle Swim Team, Gray Eagle Swim Club, LLC, Pyle's Pools, Inc. a/k/a Pyle's Pools, the coaches, swim moms and dads, other volunteers, lifeguards, any other participating or sponsoring organizations, and all employees, directors, officers, officials, members, successors and assigns, representatives, and agents of the foregoing released parties; from all claims, lawsuits, or actions of any kind including for any and all injuries, casualties, damage or losses incurred by us or resulting to our child(ren), by reason of participation in any activity sponsored by the Gray Eagle Swim Team, or use of the Gray Eagle Swim Club. We give permission for our child/children to participate in Gray Eagle Swim Team for the summer of 2020. I fully understand that my child(ren) is injured in any way, I will not hold Gray Eagle Swim Team, Gray Eagle Swim Club, LLC, Pyle's Pools, Inc., the coaches, swim moms and dads, and any other participating or sponsoring organizations and all employees, officials, representatives and agents of such organizations or persons responsible.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name Printed _____ Relationship to Child _____

E-mail: _____ Home or Cell Phone: _____

Address: _____

2020 Pool Member (circle one): yes no

For office use only: Cash _____ Check # _____ Date _____

2020 GRAY EAGLE SWIM TEAM VOLUNTEER DEPOSIT
ACKNOWLEDGEMENT

I have read and acknowledged the above Volunteer Deposit Policy. I understand that if I do not sign up to work three (3) swim meets and the Invitational meet by **Monday, June 1st** that my deposit check will be cashed on **Tuesday, June 2nd** to cover the cost to employ someone to work in the place.

Please fill out this form and attach a **SEPARATE** check from your registration amount made out to Gray Eagle Swim Club.

Parents Printed Name: _____

Signature: _____ Date: _____

Check #: _____

Check One:

_____ I chose to Volunteer

_____ I chose NOT to Volunteer

For office use only:

Volunteer dates: _____

Volunteer Commitment fulfilled? Yes No

Check Return Date: _____

Check Cashed Date: _____