

RETURNING MEMBER WAIVER

PARENT AGREEMENTS:

ACCT LAST NAME: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned parent/guardian of \_\_\_\_\_

the above named youth, herby give my permission for the above named youth(s) to participate in all of Antietam Swim Team activities and programs. On behalf of the same youth(s), I assume all risks and hazards incidental to such participation. I hereby release the Antietam Swim Team, the Antietam Parents Aquatic Club, and any affiliated persons, including, but not limited to, any coach board member, employee, volunteer, or any other person associated with the Antietam Swim Team, Antietam Parents Aquatic Club, as well as any organization providing facilities for the benefit of Antietam Swimming activities and programs from any liability for injury, damage, loss, costs and/or expenses sustained as a result of the above named youth(s) participation in, or as a result of his/her being transported to or from any such event, practice, or meet. Further, in consideration of the youth(s) participation, I agree to indemnify and hold harmless the aforementioned organizations, entities, and/or persons from any injury, damage, loss, costs, and/or expenses of any kind arising out of participation in the described activities, whether such damages are the result of negligence or for any other cause.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent Initial:

\_\_\_\_\_  
I have reviewed all information contained in the swim team database regarding the above listed athletes and have turned in corrections or attest that all information is accurate.

\_\_\_\_\_  
We are members of the Antietam Pool

\_\_\_\_\_  
In the event of medical emergency, I hereby give permission to the Coaching Staff and/or Swim Team Board to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for all children named on this document.

\_\_\_\_\_  
I understand I will be required to volunteer to work at not less than two swim meets, in addition to the Antietam 10 & Under Invitational.

\_\_\_\_\_  
I will provide concession stand donations for home swim meets.

\_\_\_\_\_  
I give my permission for the use of photographic images containing me or any children listed on this document to be used on the team website or printed material.

\_\_\_\_\_  
I understand that the names of all children listed on this document will appear online with meet results and entries.

\_\_\_\_\_  
I agree to abide by all team policies and procedures currently in affect, as well as any created during the 2010 Summer Season. I understand that failure to follow team rules and procedures may result in the exemption of swimmers on my account from team activities.

RETURNING FAMILY – RETURNING ATHLETES

ACCT LAST NAME: \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

RETURNING FAMILY – **ADDITIONAL** ATHLETES

ATHLETE INFORMATION

ADDITIONAL ATHLETE 1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender:  Male  Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of 8/1/10): \_\_\_\_

Email: \_\_\_\_\_ Shirt Size: YS YM YL AS AM AL XL

Health problems, conditions, allergies, medications: \_\_\_\_\_

ADDITIONAL ATHLETE 2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender:  Male  Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of 8/1/10): \_\_\_\_

Email: \_\_\_\_\_ Shirt Size: YS YM YL AS AM AL XL

Health problems, conditions, allergies, medications: \_\_\_\_\_

ADDITIONAL ATHLETE 3:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender:  Male  Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of 8/1/10): \_\_\_\_

Email: \_\_\_\_\_ Shirt Size: YS YM YL AS AM AL XL

Health problems, conditions, allergies, medications: \_\_\_\_\_

PRINT ADDITIONAL ATHLETE PAGES AS NECESSARY