

5 Work Sessions: \_\_\_\_\_

Check Number: \_\_\_\_\_

## 2008 Cary Swim Team Liability Waiver Form & Permission for Photo Use

Swimmers Name:	Birth date (MM/DD/YY)	Age ( June 1 <sup>st</sup> )	Tee Shirt Size (Circle )
_____	____/____/____	_____ Male / Female	<b>Youth</b> S M L <b>Adult</b> S M L XL
_____	____/____/____	_____ Male / Female	<b>Youth</b> S M L <b>Adult</b> S M L XL
_____	____/____/____	_____ Male / Female	<b>Youth</b> S M L <b>Adult</b> S M L XL
_____	____/____/____	_____ Male / Female	<b>Youth</b> S M L <b>Adult</b> S M L XL

Parents Names: \_\_\_\_\_

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

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Swim Team Policies:** The purposes of practices and competition are to provide a supportive team environment to encourage each swimmer to improve his / her stroke proficiency and swim successfully in swim meets. Swim team is not a substitute for basic swim lessons. Thus, each new swimmer is required to be evaluated by a Cary Swim Club Coach or TSA Rep during the first week of practice: Swimmers 6 & under must be able to swim 15 yards freestyle. Swimmers 7 & older must be able to swim 25 yards freestyle. After evaluation, and participation in a minimum of one practice per week with the Cary Swim Team, each swimmer will be encouraged to swim in the maximum number of events in each swim meet.

**Liability Waiver:** In consideration of the entry of my child (ren) \_\_\_\_\_ in the athletic competition, practices, socials and trips known as the Cary Swim Team program, I, intending to be legally bound, do hereby for my child, executors, and administrators waive, release and forever discharge any and all rights and claims for losses, damages or injury to me, my child, or property arising out of my / his / her performance or failure of performance, from the Cary Swim Club, their agents, successors or assigns.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Accident Release:** In the event of an accident with my child (ren) at a Cary Swim Club practice, meet or event, I hereby authorize one of the Swim Team coaches, TSA Reps, Cary Swim Team Coordinator, or Cary Swim Club Board member to seek medical treatment for my child (ren) if such treatment appears to be required.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Photo Permission:** I DO / I DO NOT (Circle one) give my permission to Cary Swim Team to use a picture of my child (ren), listed above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Fees are \$60 / swimmer. Please make checks out to Cary Swim Club Swim Team.**

**Please mail application and check to: Debra Ryan, 115 West Gerrell Court, Cary, NC 27511**