

PANGBORN PIRANHA SWIM TEAM

Child's Name: _____ Date of Birth: _____
Last First MI

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Last First MI

Child's Name: _____ Date of Birth: _____
Last First MI

Mailing Address: _____

Parent's Name: _____

Home Number: _____ Cell Number: _____

Daytime Contact Person: _____ Phone Number: _____

Read Before Signing

WAIVER OF LIABILITY

I, _____, acknowledge that _____ is/are participating in swimming, which may be potentially hazardous activity. I should not enter my child/children in this activity unless my child is medically able and understand the hazards of playing this sport. I agree to abide by any decision the swim coach or his assistants might make as to my own child's ability to complete the activity. I assume all risk associated with participation in this event including, but not limited to: falls, contact with other participants, the effects of weather including high heat and/or humidity, traffic, equipment, condition of playing area, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, myself and anyone entitled to act on my behalf, waive liabilities of any kind arising out of my child participating in this activity.

INSURANCE RELEASE FORM

I already have proper accident insurance coverage for my child.

Date: _____ Signature: _____