

**Marysville Stingrays Swim Team
Participant Information**

Swimmer Name: _____

Age: _____ DOB: _____ T-Shirt: _____

Address: _____ City: _____

State: _____ Zip: _____

Dr. _____ Dentist: _____
(Name and Phone #) (Name and Phone #)

Father's Name: _____ Best Phone: _____

Mother's Name: _____ Best Phone: _____

Parents Best Email address: _____

Additional
Emergency Contact Person: _____ Phone Number: _____

Are there ANY medical conditions, including allergies/asthma, to which we should be alerted?

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to the aforementioned person participating on the Marysville Stingray Swim Team. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including swimming and diving.

I understand that it is the express intent of the Marysville Municipal Pool and the City of Marysville, to provide for the safety and protection of my child, and in consideration for allowing my child to use the swimming pool. I hereby forever release the Marysville Municipal Pool, its trustees, volunteers, officers, employees, instructors, coaches, and the City of Marysville, from liability for any and all damages and injuries suffered by my child while under the instruction, supervision, participation, or control of the Marysville Municipal Swimming Pool.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training, participating, or performing at or for the Marysville Municipal Pool.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Date: _____ Parent/Guardian's Signature: _____

PERMISSION TO TREAT

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Date: _____ Parent/Guardian's Signature: _____