

2020-2021 PNY REGISTRATION FORM

Last Name _____ First Name _____ Middle Name _____ Age _____		
Likes to Be Called _____ Birthdate (mm/dd/yy) _____ Current School _____ Grade _____		
Address City, State Zip		
Father's Name	Phone	Father's Email
Mother's Name	Phone	Mother's Email
<p>Please <u>initial</u> all of those that apply:</p> <p style="padding-left: 40px;">I have no objection to my phone number/address being printed on an internal roster for internal use</p> <p style="padding-left: 40px;">I am an authorized patron:</p> <p style="padding-left: 40px;">Active Duty _____ Retired _____ DoD _____ Civilian (Sponsored Guest) _____</p> <p style="padding-left: 40px;">I have received a copy of the team rules and financial policies.</p>		
Individual responsible for the financial arrangements and payments		
Print Name Signature		
Liability Release		
<p>"I, as the legal guardian of the above named athlete, hereby give my consent for the above named athlete (1) to participate with the Pensacola Navy Youth Swim Team in swim practices, dryland and cross training activities and competitions, (2) to accompany the team of which he/she is a member on any of its local or out of town trips. I agree to pay all fees, dues, and assessments in a timely manner. I authorize the team to obtain, through a physician of the team's choice, any emergency care that may become reasonably necessary for the athlete in the course of such athletic activities or such travel and to pay for such care. I understand and agree that the Aquatic Development Group, Inc., the United States Government, NAS Pensacola, NTTC Corry Station, The Pensacola Navy Youth Swim Team, their trustees, officers, representatives, employee or contractors shall be free of any liabilities or claims for damages arising by any reason of injuries to anyone in the course of such athletic activities or such travel. I expressly agree to waive claim as condition of being allowed to participate."</p>		
Print Name Signature		

STATE of FLORIDA - COUNTY OF ESCAMBIA:

Before me this day personally appeared known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this day of. 20

NOTARY PUBLIC, state of Florida at Large

My Commission expires: