

Swimmer Registration Form Page 2

Insurance Information:

Company: _____ Group/Policy # _____

Primary Member: _____

Medical Information:

Physician: _____ Phone: _____

Address: _____

Hospital: _____ Phone: _____

Dentist: _____ Phone: _____

Known Medical Condition/Allergies: _____

Authorization to Render Emergency Care: (Check the desired action)

☐ In the event of an accident or emergency, the undersigned hereby authorizes a representative of the Sunrise Swans Artistic Swimming Team, including coaches, lifeguards, and parents volunteers/chaperones, to make such arrangements as they consider necessary for the swimmer to receive medical care from an emergency medical team member or to be transported to a medical facility for further treatment by a licensed medical provider while the summer is under the supervision of the team.

☐ I/We do not choose the above option for the following reason(s):

Parent/Guardian Signature:

Signature: _____ Date: _____

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Sunrise Swans Artistic Swim Team Waiver and Release of Liability

In consideration of being allowed to participate in the Sunrise Swans Artistic Swim Team events, activities, or programs, I've knowledge and agree that:

1. I understand that I/ my child or ward will be engaging in travel and activities that involve the risk of serious injury, including permanent disability and death, severe social and economic losses and other losses including damage to property.
2. I knowingly and freely assume all such risks.
3. I, for myself, my minor child or ward, and on behalf of my and their heirs and assigns, release, waive, discharge and covenant not to sue Sunrise Swans, it's officers, agents, employees, and sponsors as well as its affiliate clubs, from any and all liability for any and all claims, demands, losses or damages on account of injury, including death and damage to property, whether caused by negligence or otherwise.

This is to certify that, as swimmer (18+) / parent/guardian of this participant, I do consent to his/her waiver and release as set forth above and agreed to assume all such risks and to waive the right to sue the releases.

Name of Swimmer

Signature of Parent/Guardian/Swimmer 18+

Print Name

Date

Sunrise Swans Synchronized Swim Team Publicity/Media Release Authorization

I, hereby give permission to have my child's picture and name printed in any publicity, website, or media for the purpose of promoting the Sunrise Swans Artistic Swim Team.

Name of Swimmer

Signature of Parent/Guardian/Swimmer 18+

Print Name

Date