Belle Vernon Swim Club

P.O. Box #672 Belle Vernon, PA 15012

Swimmer Information:

First Name	Last Name	DOB	Address (Street Address, City, Zip)	Home Phone

Parent Information:

First Name	Last Name	Address (Street Address, City, Zip)	Home Phone	Cell Phone	E-mail

Emergency Contact (other than parent):

Full Name	Home Phone	Cell Phone	Relationship

Please list any medical conditions, medications or allergies for each swimmer: _____

_____

Insurance Provider: _____ **Polilcy Number:** _____ **Group #:** _____

Liability Release Form: The Belle Vernon Swim Club (BVSC) DOES NOT provide insurance for any participant in the swim club or swim lesson programs.

I, the undersigned, individually and as a parent/guardian of the swimmer/s mentioned above, ask that he/she be admitted to participate in swim lessons, swim practices, swim meets or swim club activites sponsored by BVSC. I further represent that the swimmer is in good health and able to participate in the swim practices, competitive swimming and activities associated with the swim club.

I do hereby agree to release, discharge and hold harmless BVSC, its officers, coaches and all affiliates from all causes, liabilities, damages, claims or demands on account of any injury involving the said minor arising out of the minor's attendance at the swim practices, swim lessons and competitive swimming or in the course of activities held in connection to the program.

SIGNATURES: Parent 1: _____ Date: _____ Parent 2: _____ Date: _____