



Monterey Park Manta Rays Swim Team

Liability Release for Non-Members

_____	_____	_____	_____
Swimmer Name (<i>First Middle Last</i>)	Age	Gender	School Attended
_____	_____	_____	_____
Address	City	State	Zip

Does your child qualify for the “free lunch” program at school? Yes or No

_____	_____	_____
Parent/Guardian Name	Parent Email (<i>please print clearly!</i>)	Primary Phone

If your swimmer has participated in **formal swim lessons**...

Where? _____ **How long?** _____

If your swimmer has participated on a **competitive team**...

Where? _____ **How long?** _____

I, the undersigned parent/guardian of the above named minor, request voluntary participation for the minor in the evaluation appointment or tryout week for the Monterey Park Manta Rays Swim Team, coordinated through Monterey Rays Parent Association.

I consent to my child’s participation in the activity and acknowledge that the child and I fully understand my child’s participation may involve risk of serious injury or death, including losses which may result not only from my/minor’s own actions, inactions, or negligence, but also from the actions, inaction, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my child’s participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

_____	_____	_____
Parent/Guardian Signature	Printed Name of Signer	Date