2024 SIGNATURE AGREEMENT **Swimmer's Last Name** _____

I certify that I, _____ signed my waivers online during registration and I understand my individual IP address represents my electronic signature for myself and my child(ren) for our Medical Release/Liability Waiver, Colonial Swim League Waiver, Covid-19 Waiver and the Parent Code of Conduct.

I hereby authorize the use of still photographs* or video taken at team meets or functions to be used on the password protected Team Shutterfly page, or to be posted on the team website. ____ yes ____no

I hereby authorize the use of still photographs* or video taken at team meets or functions to be used on the team Facebook, or other team social media sites. ____ yes ____no

*No personal information will be posted in conjunction with these photos.

_____ _____ _____

Parent's Name **Signature** **Date**

Saratoga Stingrays Swim Team - Medical Emergency Information

*** Please answer **none**, if no known problems****

Child's Name _____ Date of Birth _____ Last Tetnus Shot_____

Known Allergies _____

Chronic Medical Conditions _____

List of Medications _____

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Known Allergies _____

Chronic Medical Conditions _____

List of Medications _____

EVERYONE MUST FILL OUT THE BOTTOM PORTION

Medical Insurance (Name & Policy#)_____Ph._____

Parent Contact _____Cell _____Other Ph. _____

Emergency Contact _____Ph. _____

_____ _____ _____

Name Signature Date

Revised April, 2024