GSSSL Participation Form

Appendix C

This form must be signed and returned to the club's coach before the listed child\children can participate in GSSSL *swim team activities.*

Club: Date:

Membership #: Phone:

Parent's Name(s): Email:

Emergency Contact: Phone# Emergency Contact: Phone#

Non-Parent Emergency Contact: Phone#

Emergency Information and Medical Release

*I hereby consent to participation by my child/children listed below on our club team in the Greater Seattle Summer Swim League.

Swimmer First Name	Last Name	Birthdate

I understand this activity involves an element of risk of bodily injury, including, but not limited to, activities occurring in a pool, on a pool deck, on a starting block, around the facility, and/or while performing a racing start. We will assume all risks associated with and incidental to participating on a swim team. My child/children have no special medical conditions, except those described below, and is fit to participate on a swim team.

Special medical conditions:

In consideration of the right and privilege for my child to participate, we hereby release, waive, and agree to hold harmless the Greater Seattle Summer Swim League, this club, its members, directors, and employees, the club hosting the event, its members, directors, and employees, and coaches, organizers, and parent volunteers for any and all liability, claims, legal actions, and demands of any nature whatsoever which may arise from or in connection with the swim team or related activities.

I understand that events may take place away from our club. I understand that the coaches are not responsible for transportation to swim meets or related swim team activities.

Parent Signature Date