

2019 SUMMER BREAK SWIM TEAM WAIVER

Swim team fees include Tshirt, latex cap, Invitational and Meet Central swimmer fees

Summer Break pool members: \$125 per swimmer, 3rd & additional swimmers in family \$95
Junior Membership (swim team only): \$185 per swimmer, 3rd & additional swimmers in family \$155

Swimmer's FULL Name:

----- Gender: ____ DOB: ----- AGE*: ----- T-shirt Size: YM YL S M L

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Permission/Affirmation for Summer Break Swim Team

We the parents of:

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do hereby **give our approval to our child's/children's participation in swimming and other activities of Summer Break Swim Team during the 2019 summer season.** We assume all risks and hazards incidental to our child's/children's participation the sport or other activity, including transportation to and from meets, practices, or other events. We agree to indemnify and save harmless Summer Break Swim Team, Summer Break, LLC, Pyle's Pools, Inc. a/k/a Pyle's Pools, the coaches, swim moms and dads, other volunteers, lifeguards, any other participating or sponsoring organizations, and all employees, directors, officers, officials, members, successors and assigns, representatives, and agents of the foregoing released parties; from all claims, lawsuits, or action of any kind for any and all casualties, damage or losses incurred by us resulting to our child(ren) by any reason of participation in any activity sponsored by us on behalf of our child(ren) for any loss or damages sustained by us or by our child(ren) by reason of participation in any activity sponsored by Summer Break Swim Team.

By signing below, I also authorize Summer Break, LLC **to use pictures of my child(ren)** on the Summer Break, LLC website or in brochures. Information about my child(ren) will not be published or disclosed.

***If any of the children listed above have a medical condition that the Summer Break staff should be aware of please explain it here :**

Child: ----- Explanation:-----

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Please print clearly...

Parent/Guardian Printed name -----

Relationship to child/children : -----

Address: -----

Email: -----

Cell phone 1:----- Cell phone 2 :-----

***Please circle which number you want used for REMIND app for notifications of changes to practices and meets! Be sure to join this group once we get started!**

Parent/Guardian signature ----- Date: -----

For office use only: Cash----- Check #----- Date-----

