South Whidbey Stingrays Contact Information and Waiver of Liability
(Please complete each line, printing legibly so that we can contact you and register your child[ren])

Parent/Guardian Information

Father/Guardian_____
Last First
Mother/Guardian_____
Last First
Address_____

_____
City State Zip
Home phone_____Work phone_____

Cell_____E-Mail (legibly please)_____

Swimmer Information

First Child
Name_____
Last First
Birthdate_____Age_____Gender_____School_____

Second Child
Name_____
Last First
Birthdate_____Age_____Gender_____School_____

Third Child
Name_____
Last First
Birthdate_____Age_____Gender_____School_____

Emergency Contact:

Name_____Phone #_____

Please list any medical conditions relevant to your child(ren)'s participation in SWSC:
_____

By my signature below, I agree to and understand the following:

- My child has my permission to participate in South Whidbey Stingrays at Island Athletic Club.
- My child and I agree to abide by the same rules that apply to members of Island Athletic Club. We understand that a copy of *Rules and Conditions of Membership* is available upon request.
- I will be financially responsible for any damage caused by my child at Island Athletic Club.
- I understand that failure to comply with instructions of the swim team coaches and/or staff of Island Athletic Club may result in my child(ren) being dropped from the swim team without refund.

Waiver of Liability:
I have voluntarily enrolled my child(ren) to participate in the South Whidbey Stingrays at Island Athletic Club. I acknowledge swim team activities involve inherent risks and dangers, including loss of or damage to personal property and serious personal injury or death. I am aware of and understand the scope, nature and extent of the risks involved in the activities and voluntarily assume and freely choose to incur any and all such risks of loss, damage, or injury, including death, and fully release the Club, owners, management and employees from any and all claims, suits, losses or related causes of action for damages or injury to my child, myself or our property which may arise in any way from such use or negligence. . My child(ren) is in good health and I am not aware of any reason why my child(ren) should not participate in swim team activities at Island Athletic Club.

_____I give permission for IAC and South Whidbey Stingrays to use my child(ren)'s picture on the IAC and SWSC websites and promotional flyers.

_____I do not want IAC and Stingrays to use my child(ren)'s picture(s) on their websites or promotional flyers.

Parent/Guardian Signature_____Date_____