

**THE MARTINSBURG/BERKELEY COUNTY MARLINS SWIM TEAM**

**NAME:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_

**PARENT/GUARDIAN NAMES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **AGE AS OF JUNE 1<sup>ST</sup>** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **GRADE IN FALL:** \_\_\_\_\_

**MEDICAL PROBLEMS AND ALLERGIES:** \_\_\_\_\_

**PHYSICIAN:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:** \_\_\_\_\_

**POLICY NO:** \_\_\_\_\_

Has your child participated in competitive swimming? \_\_\_\_\_

**LIABILITY WAIVER:**

As the parent/legal guardian of the above-named minor, I grant permission for this minor to participate in all activities of this sports program. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do waive all claims, and I hereby by release, absolve, indemnify, and agree to hold harmless the Martinsburg/Berkeley County Parks and Recreation Board, the Interstate Swim League, coaches, officials, and any and all volunteers, organizers, supervisors, participants, and such persons transporting my child to and from activities, for any claim arising out of injury to any liability insurance carried by such person or organization.

**MEDICAL RELEASE:**

I further grant permission for emergency first-aid to be given to my child in case of injury. If deemed necessary, I grant permission for my child to be taken to the emergency room of a nearby hospital and its staff have my authorization to provide treatment which a physician deems reasonably necessary for the well-being of my child.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_