

Saint Joseph River Yacht Club
Summer Youth Swim Program

Name _____ Sex M F

Birthdate _____ Age on June 1, 2009 _____

Address _____

Email _____

Phone: Home _____ Please circle the number(s) you'd like published on the team roster.

Cell #1 _____ Cell #2 _____

Emergency Contact: Name _____
When parent is unavailable

Number _____

Allergies/medical concerns: _____

Parents' names _____

SJRYC waiver and release of liability: In consideration of my child's participation in the SJRYC Summer Youth Swim Program and related events, the undersigned:

1. States that the above child is physically fit.
2. Hereby waives, on behalf of my child, any and all rights to claims for loss or damages arising out of my child's practices, swim meets, and related SJRYC activities, and on behalf of my child, release the SJRYC, their administrators, boards of directors, committees, and individuals supervising activities, from all liability related to my child's participation.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND ITS MEANING, AND VOLUNTARILY SIGN IT ON BEHALF OF MY CHILD.

Parent/guardian _____ date _____

Parent Volunteers: Please check each job your family would be willing to assist with occasionally during the season.

Timer _____ Marshall _____
Runner _____ Scoring table/ribbons _____
Pool set-up before/after meets _____ Donut day _____
Banquet planning _____ T-Shirt sales _____
Help plan fundraiser such as movie night or car wash _____