

Saint Joseph River Yacht Club

Summer Youth Swim Program

Child #1 _____ Sex M F

Birthdate _____ Age on June 1, 2011 _____ Allergies/concerns _____

Child #2 _____ Sex M F

Birthdate _____ Age on June 1, 2011 _____ Allergies/concerns _____

Child #3 _____ Sex M F

Birthdate _____ Age on June 1, 2011 _____ Allergies/concerns _____

Address _____

Email _____

Phone: Home _____ Cell _____

Emergency Contact: Name _____

When parent is unavailable

Number _____

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 _____