



**City of Socorro Stingray Swim Team
Registration/Medical Release/Waiver Release of Liability**



Family Information:

Last Name: _____
 Street Address: _____ Home # _____ - _____ - _____
 Mother's Name _____ Email: _____ Work/Cell # _____
 Father's Name _____ Email _____ Work/Cell# _____
 Medical Insurance Co. _____ Subscriber: _____ Policy # _____
 Emergency Contact: _____ Daytime # _____

Swimmer(2) First & Last Name	Swimmer Birth Date	Age/Sex	Shirt Size Adult/Youth S,M,L,XL	Suit Size	Fee	Pmt Type CA-CK Amount
1.					\$65	
2.					\$65	
3.					\$65	
4.					\$65	
5.					\$65	

Please make checks payable to *Socorro Stingray Swim Team*

Waiver of Liability: I represent and warrant that my child/children listed above are in good health and have no physical conditions, ailments or disabilities which could endanger my child/children's health or safety if they were to participate in vigorous physical activity. I understand that swimming in s HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. For and in the consideration of the benefits derived from my participation in the City of Socorro Swim Team program, I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and do hereby indemnify, release and hold harmless the City of Socorro Swim Team, its coaches employees, and agents from all claims of any kind whatsoever, which may arise or hereafter accrue in connection with my participation in the activities of the City of Socorro Swim Team.

Consent to Participate: As a Parent/Guardian of the above listed minors, I grant them my permission to participate in all activities of the City of Socorro Swim Team and by my signature hereto agree to be bound by the terms and conditions of the paragraph set forth above.

Medical Release: I further grant permission for appropriate medical treatment to be given to my child/children as listed above in an emergency, and will be solely responsible for any medical costs which may arise. Allergy/Physical concerns are listed on the back of this form.

Consent to Photograph: I also grant permission for the City of Socorro Swim Team to photograph my child/children at practices, meets and social events. The photographs may be used in our website, advertisements, press releases, postings at the pool. Etc.

Parent/Legal Guardian Signature:
