

# Typhoons Swim Team Participation Waiver



I hereby give permission for my child (ren):

Print full name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to participate in all the swim meets, team events and practices for the Town and Country Recreation Center Typhoons Swim Team for the 2019 season. I hereby release, discharge and/or otherwise agree to indemnify the Town and Country Recreation Center, its employees, volunteers, vendors and all other personnel associated with the club from any and all claims by or on behalf of my child, myself and all other family members as a result of my child's participation with the swim team. I further give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the Town and Country Recreation Center Swim Team board representative, assistant, on-site medical personnel and the coaches, until such a time as I may be contacted. This release is in effect for the 2019 Swim Season. I also hereby assume the responsibility for the payment of any such treatment.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Telephone# \_\_\_\_\_

Health Concerns (will be kept confidential between managers and coaches)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_