

Southwest Virginia Swim League (SVSL)

Fees: \$15 per person. Families with 4 or more swimmers will pay regular fees for swimmers 1, 2, and 3, and the 4 and beyond swimmers will not pay registration fees. See SVSL rules and guidelines for more information.

Pool Name: _____

Swimmer's Name _____ ☐ Male ☐ Female

Nickname _____ Birthdate ____/____/____ Age _____

Parent or Guardian Names _____

Address _____

Phone (H) _____ (w) _____ (cell) _____

Email _____

Insurance Company _____ Policy # _____

Physician Name _____ Phone _____

Emergency Contact _____ Phone _____

Please indicate if your child has any medical conditions such as asthma, heart condition, seizure disorder, diabetes, migraines, or allergies, and if so, any medication used regularly to treat this medical condition.

Condition _____ Medication _____

Medical Permission

I, _____, the parent or legal guardian of _____, hereby give full authority to the Southwest Virginia Summer Swim League (pool managers, coaches, staff and volunteers) to authorize medical treatment as is necessary in their judgment. I hereby release the facilities staff and coach from claims which may arise from their good faith exercise of this authority. In case of an emergency, when neither my family physician nor I can be reached, the Southwest Virginia Summer Swim League have my permission to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my permission to provide all medical treatment that a physician at the hospital deems necessary for the well-being of my child.

Parent/Guardian Signature: _____ **Date:** _____

Liability Release

I, _____, the parent or legal guardian of _____, do hereby release and agree to hold harmless Southwest Virginia Summer Swim League, its volunteers and coaches, of any and all liability or responsibility in the event of personal injury sustained by my child/ward or damage to property of others caused by my child's/ward's participation in the Southwest Virginia Summer Swim League.

Parent/Guardian Signature: _____ **Date:** _____