

# Sherwood Swim & Racquet Club

## 2017 Swim Team Liability Waiver

**Participant Name(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_

**Parent Phone Number:** \_\_\_\_\_

**Parent Email address:** \_\_\_\_\_

**Parental/Guardian Certification and Consent:** (to be completed and signed by parent/guardian for participants under 18 years of age). I certify that I am the parent or legal guardian of the above participant, that I am entitled to his or her custody and control, that he/ she wants to participate on the Sherwood swim team. I do hereby give permission for the participant to participate in the swim team. I further certify that the participant is in good health and has no physical or other impediment which would endanger him or her while participating in this activity. I realize that by participating in this program, the participant will be exposed to a risk of injury or death. The participant and I voluntarily waive, release, and discharge Sherwood Swim & Racquet Club, and its officers, directors, employees, and agents from any and all liability for any damage, injury, or death that may arise out of my child's participation on the Swim Team. I understand the dangers incidental to participating in the program and the need for safety precautions, and I have discussed the dangers of the program and the need for safety precautions with the participant. I hereby execute this Waiver on his/her and my behalf.

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Sherwood Swim & Racquet Club  
2017 Swim Team  
Medical/Emergency Contact Form

**This form must be completely filled out and returned to Sherwood Swim & Racquet Club prior to starting swim practice.**

Swimmer Name (s): \_\_\_\_\_

Mother/Guardian#1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian#2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**If neither of the above is available in an emergency, please notify:**

Emergency contact #1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact#2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have family medical/hospital insurance? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Policy Holder's name: \_\_\_\_\_

Employer through which insurance is obtained: \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

Sherwood Swim & Racquet Club  
100 Alma Pinnix Dr.  
Greensboro, NC 27405