

>>Please note: This form must be filled out for each swimmer within a family. <<

Family Name _____

Greenhills GATORS Emergency Medical Information

Swimmer's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

1. I hereby certify that I am the parent/guardian of the participant named above and that to the best of my knowledge; he/she is physically fit to participate in swimming. I hereby consent to said participant competing on the swim team program sponsored by the Village of Greenhills.
2. In case of emergency, please provide the following information:
 - a. Name of doctor _____ Telephone Number _____
 - b. Type of insurance _____ Policy Number _____
 - c. Preferred hospital _____
 - d. Known medical conditions _____
 - e. Known allergies _____

I, the parent/guardian of the above mentioned child, understand that by signing this contract, I agree to abide by the rules and regulations of the above mentioned swim team sponsored by the Village of Greenhills, as well as the NSSL (Northern Suburban Swim League).

Parent/Guardian Signature(s) _____ Date _____

Please provide the names and telephone numbers at which parents can be reached in the event of an emergency:

Parent/Guardian Name _____ Home _____ Cell/Work _____

Parent/Guardian Name _____ Home _____ Cell/Work _____

Please provide the name and telephone numbers of an emergency contact who can be called in the event the parents/guardians cannot be reached:

Name _____ Home _____ Cell/Work _____

Known vacation dates that conflict with swim meets or practices _____

List other dates/activities that may conflict with meets or practices _____

Please note: Due to insurance requirements, swimmers cannot be allowed in the water until all completed forms have been turned in and all fees paid, thus making them registered members of the team.
Thank you, in advance, for your understanding and cooperation.

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Family Name _____

Notice of Risk

Swimmer's Name _____ Date _____

Address _____ City _____ State _____ Zip _____

I am aware that the participation in any sport can be dangerous activity involving many risk of injury. I understand that the dangers of practicing swimming or competing in swimming include but are not limited to the following: death, serious neck and spinal injuries, injury to bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and serious injury or impairment to my general health and well being.

I understand that the risks of participating in swimming or participating in swimming competition may result not only in serious injury, but serious impairment of my future abilities to earn a living, to engage in other business, to engage in recreational activities and the general enjoyment of life.

Acknowledgement of Notice

We hereby acknowledge that we have been properly provided notice, cautioned and warned by the proper administrative and coaching personnel of the Greenhills Swim Team that by allowing our child to participate in swimming, we are exposing our child to the risk of injuries as set forth above.

Parent/Guardian Signature(s) _____ Date _____

I hereby acknowledge that I have been properly provided notice, cautioned and warned by the proper administrative and coaching personnel of the Greenhills Swim Team that by participating in swimming, I am exposing myself to the risk of injuries as set forth above.

Swimmer Signature _____ Date _____

General Release of All Claims

This release is entered into by the parent/guardian of the above mentioned swimmer, who resides at the address listed above. In consideration of the permission granted to our child (listed above), by the Village of Greenhills and the swim team to use the Greenhills Swimming Pool during the 20__ summer season. We, on behalf of ourselves and our child (listed above), hereby release and discharge the Village of Greenhills, as a whole including the elected mayor, council members, the Village administrator, the pool manager and employees, team coaches, and the swim team parent board, and all other officials from all claims, demands, actions, judgments and executions which the undersigned ever had or now has or which may hereafter accrue or which the undersign heirs, executors, administrators or assigns may have or claim to have against the Village of Greenhills, its employees, including the elected mayor, council members, the Village administrator, the pool manager and employees, team coaches, and the swim team parent board and all their officials and their successors and assigns, for all the personal injuries to our child (listed above), including, but not limited to, personal injuries caused by negligence and injuries to property, real or personal, caused by the above described sport activities and understand all of its terms. We execute it voluntarily and with full knowledge of its significance.

In witness of whereof, we have executed this release the day and year first written above.

Parent/Guardian Signature(s) _____ Date _____

Witness Signature _____ Date _____