

2010-2011 Dunlap Dolphins Swim Team

Parent Permit and Release – **Please complete one form per swimmer**

DDST Swimmer Information (Please Print)

NAME (legal):

(Last, First, Middle)

BIRTHDATE: _____
(Month, Day, Year)

SEX (circle): M F

E-MAIL: _____
(Required for Correspondence)

PARENT/GUARDIAN NAME(S):

ADDRESS:

(Street Address)

(City & Zip)

PHONE NUMBER(S):

_____	_____
(Home)	(Work)
_____	_____
(Cell)	(Other)

NAME OF PHYSICIAN:

PHYSICIAN'S PHONE NUMBER:

PREFERRED HOSPITAL:

IMPORTANT:
Any additional comments/information about the swimmer regarding medical history, allergies, penicillin or other drug reactions, etc. which may be needed in rendering medical treatment:

EMERGENCY CONTACT OTHER THAN PARENTS:

HOME/WORK/CELL PHONE NUMBER(S):

ADDRESS: _____
RELATIONSHIP TO SWIMMER:

2010-2011 Dunlap Dolphins Swim Team

LIABILITY AND RELEASE WAIVER:

I hereby grant permission for my child to participate on the Dunlap Dolphins Swim Team (DDST). I agree to indemnify and hold harmless the Dunlap Community Unit School District #323 (Dunlap CUSD #323) and its officers, agents, employees, volunteers, the DDST Swim Team and the DDST Parents' Club from and against any and all liabilities or any injury which may be suffered by my child arising out of or in any way connected with his or her participation in the program names above, including but not limited to, losses or liabilities arising out of the acts or omissions of the Dunlap CUSD #323, or its officers, agents, employees and volunteers, the DDST Swim Team, or the DDST Parents' Club.

When a team trip is taken, at meets and/or at practice, those swimmers represent not only the DDST, but also themselves, their parents, and their coaches. With this in mind, all DDST swimmers shall be expected to conduct themselves in a manner complementing the DDST. This means that discourteous manners, foul language, drinking, smoking, destruction of property and any other conduct, which could be interpreted as injurious to the group or individuals in it, will not be tolerated. This also means that directives from chaperones and coaches shall be adhered to. Any swimmer felt to be in violation of these or any DDST Rules, Policies, or Guidelines shall be, at the discretion of the coach(es) and/or chaperones, suspended from one or more events on the following day or possibly sent home at parental expense.

As parent and/or guardian, I do herewith authorize the treatment by a licensed medical doctor the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

I hereby consent to the use of my child's photograph in DDST brochures, publication, slide presentations, etc. and on the DDST web page. I also authorize the release of our address, phone number and other information for the publication of a team directory.

I have read and fully understand the above Program details and Waive and Release of All Claims.

PARENT/LEGAL GUARDIAN SIGNATURE:

PARENT/LEGAL GUARDIAN NAME (PLEASE PRINT):

DATE: _____

RELATIONSHIP TO SWIMMER: _____

NOTE: THIS FORM IS VALID FOR ONE YEAR FROM DATE OF SIGNATURE FOR ALL DDST PROGRAMS