

AMITY AC



55 AMITY PARK ROAD · BIRDSBORO, 19508
WWW · AMITYAC · ORG

Amity AC Pool 2020 Student Swimmer Membership Release Statement

Participant's Information

Last Name: _____ Date of Birth: _____

First Name: _____ Sex: Male Female

Street Address: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

Father/Guardian Name: _____ Phone: _____

Mother/Guardian Name: _____ Phone: _____

I, the parent/guardian of the participant, a minor, agree that I and the participant will abide by the rules of Amity AC Pool and the Berks County Swimming Association (BCSA), if applicable, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with swimming and in consideration for the Amity AC (and the BCSA, if applicable) accepting the participant for its swim team program activities, I hereby release, discharge and or otherwise indemnify the Amity AC (and the BCSA, if applicable) its affiliated organizations and sponsors, including the owners of the facilities utilized for the programs, against any claim by or on behalf of the participant as a result of the participants activities in the program, and/or being transported to or from the same, which transportation I authorize.

I hereby give my permission for the administration of medical treatment to my child _____ in the event of any accident, injury, or illness until such time as I can be contacted personally. I hereby assume the responsibility for any and all financial obligations which might arise from the treatment and/or transportation to medical facility. In the event I cannot be reached the following has my permission to give additional approval for treatment:

Name: _____ Phone: _____

Address: _____

Relationship to player: _____

Parent/Guardian Signature

Date