SWPS

# School Team Form

## Athlete Information:

**SCHOOL NAME** :_____ **GRADE:** _____

Name of Student: _____ _____ M F
First Name Last Name

Address: _____ Postal Code: _____

Email Address: _____ Date of Birth: _____/_____/_____
Year Month Day

Swim Level/Experience_____

## Parent/Guardian Information:

Name: _____ Home #: _____ Work #: _____ Cell #: _____

Name: _____ Home #: _____ Work #: _____ Cell #: _____

Student's BC Care Card #: _____

Medical Conditions *(eg. Asthma):* _____

Medications: _____

Allergies *(Food, Medications, Bees, etc.):* _____

Does your child carry an Epi-Pen? _____

## Waiver:

I, _____, acknowledge and fully understand and agree to assume all risks and hazards involved in and arising out of my child's activities with Saanich Water Polo School. I hereby waive, release, forego, and relinquish any and all claims, demands, suits, actions or causes of action which I may have against the directors, employees, and organization's activities. In the event that our family doctor can not be contacted or is unable to attend to my child in an emergency, I hereby authorize and direct Saanich Water Polo School to choose a doctor to attend to my child.

SIGNATURE OF PARENT/GUARDIAN: _____ Date:_____