



# JR Rams Pre-Competitive Program

## Membership Form & Waiver of Liability

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Swimmers Last Name                      Firrst Name                      Middle Int

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Street Address

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Town/City                      State                      Zip Code

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Day Phone

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Cell Phone

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E-Mail Address

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Date of Birth

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Sex

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Contact In Case of Emergency  
Name/Telephone Numbers/Relationship

### Medical Information

Do you have any medical conditions (Asthma, Diabetes, Heart problems, etc.) the Coaching staff should be aware of?     YES     NO

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### Liability Release

I, the undersigned participant and parent, request voluntary participation for minor to participate in the **JR RAMS Pre-Competitive Program**, which are hereinafter referred to as the "activities." sponsored by *RAMS Swimming Club*, USA Swimming and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or

