

RAMS SWIMMING CLUB

New Swimmer Application

Please e-mail this form to swimrams@cox.net prior to starting your week trial period.

Name: _____ Age: _____

Address: _____

Contact Phone #: _____ Contact E-Mail Address: _____

Your Personal Swimming Background: (Anything which relates to your swimming experience in the past, please list all experiences.)

Emergency Medical Release

I (we) hereby give our permission for _____ to participate in practice with the RAM Swimming Club throughout the trial period. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches working with the group personally liable for any accident which may occur.

In case of a minor emergency to our child (cuts, scratches, headache, etc) I (we) give permission to the coaches to treat these as they deem necessary. In the event of a more serious injury, I give permission for it to be handled in the best manner as determined by the chaperons or coaches of RAMS until I am able to be contacted.

Signature of Parent or Guardian: _____ Date: _____

RELEASE

The undersigned hereby releases the RAMS Swimming Club, its Coaches, Employees, Officials and any RAMS designated facility from liability arising from any injury of the swimmer(s) listed below while participating in the RAMS swim program, practices, and other related activities. Your signature below gives permission and right to Coaches, Employees, Officers and team chaperons to seek medical attention for your swimmer(s) in the event you cannot be reached.

Parent/Guardian Signature: _____ Date: _____