

SHA MEL LON Swimmer/ Parent Agreement

These rules apply to swimmers, families and friends/spectators:

1. Pool safety rules as posted apply at all swim team events (ie: practices, meets, parties, etc.).
2. At swim team events, swimmers are under the authority of the Coach(es), Team Rep and other adults as designated by the coach or team rep.
3. The use of profane, vulgar or foul language will not be tolerated and you may be asked to leave.
4. Swimmers/ guardians must notify the coach (IN ADVANCE) of any planned absences from meets or practices.
5. Regular practice attendance is required and is expected in order to participate in meets.
6. The coach determines placement of swimmers in races for each meet based on ability, attitude, attendance, hard work, etc. This decision is final.
7. Each family agrees to perform 3 volunteer opportunities during the course of the season.
8. Modest and practical swimwear is expected at practices.

Family Name

Parent/ Guardian Signature

Swimmer Signature

Swimmer Signature

Swimmer Signature

Swimmer Signature

Swimmer Signature

Hold Harmless Agreement

I, the undersigned parent or legal guardian of a minor child under 18 years of age, consent to my child participating in the SML Stingrays Swim Team and understand that my child will be engaged in physical activity during the season, which contains an inherent risk of physical injury. I represent to the best of my knowledge that my child is in good physical condition and is able to participate fully in swim team activities. I, for my child, and for myself assume the risk and release and hold harmless the SML Swim Team, its employees and their agents, heirs and representatives, including specifically the coach, team representative and all persons employed or hired by SML Swim Team, from any and all liability for personal injury or property damage arising out of my child's participation in the swim team. I hereby grant permission for my child to attend the team practices and meets and to be treated by a licensed physician in the event of any injury, illness or other mishap, and/or be transported to a medical facility for treatment. In such event, I agree to be responsible for the costs associated with such treatment. Please list any physical condition the Coach should be aware of below. This agreement is applicable for all SML Swim Team activities, including, but not limited to practice, meets, transportation t/from meets, and social functions.

Parent/ Guardian name (printed)

Parent/Guardian signature

Date

***List any physical or medical condition(s) the coach should be aware of: _____
