

# Pensacola Navy Youth Seahawks Stroke Clinic

Athlete's Name \_\_\_\_\_  
(Last) (First) (Middle)

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phones: \_\_\_\_\_ or \_\_\_\_\_

Parent's Names: \_\_\_\_\_ and \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check one: \_\_\_\_\_ Dependent/AD \_\_\_\_\_ Dependent/Ret \_\_\_\_\_ Dependent/DOD  
\_\_\_\_\_ Civilian \_\_\_\_\_ Retired \_\_\_\_\_ Active Duty  
(optional)

\_\_\_\_\_ Check if you would consider swimming either seasonally or year around for the Navy Seahawks.

"I hereby give my consent for the above named athlete to participate with the Pensacola Navy Youth Swim Team in swim practices, competitions, and clinics. I authorize the team to obtain, through a physician of the team's choice, any emergency care that may become reasonably necessary for the athlete in the course of such athletic activities and to pay for such care. I understand and agree that United States Swimming, Southeastern Swimming, the United States Government, NTTC Corry Station, the Aquatic Development Group, Inc., the Pensacola Navy Youth Swim Team, their trustees, officers, representatives, employees or contractors shall be free of any liabilities or claims for damages arising by any reason of injuries to anyone in the course of such athletic activities. I expressly agree to waive claim as condition of being allowed to participate."

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Please note if an athlete's parent is not planning to attend the first day of participation, their signature may be witnessed by the school coach, or by the individual bringing them that day.



**FOR FURTHER INFORMATION  
PLEASE CALL COACH TREY AT 554-0625  
Or E-mail Coach.Trey@PNYSwimTeam.org**



THIS PROGRAM HAS BEEN CO-SPONSORED BY THE PENSACOLA NAVY YOUTH SEAHAWKS AND  
CID CORRY STATION MWR FOR TWENTY-FOUR YEARS.