

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.