

PNY REGISTRATION FORM

Last Name First Name Middle Name Age

Like To Be Called Birthdate (mm/dd/yy) Home Phone Grade

Address Zip Sex: M F

Father's Name _____ Mother's Name _____

Phones (day) _____ (eve) _____ Phone (day) _____ (eve) _____

E-mail address for parents: _____ Kids _____

Initial those that apply:

_____ I have no objection to my phone number/address being printed on an internal roster for internal use
_____ I am an authorized patron
(Select One) _____ Active Duty _____ Retired _____ DOD _____ Civilian as a sponsored guest
_____ I have received a copy of the team rules and financial policies.

Individual responsible for the financial arrangements and payments

Print Name Signature

Liability Release

“I, as the legal guardian of the above named athlete, hereby give my consent for the above named athlete (1) to participate with the Pensacola Navy Youth Swim Team in swim practices, dryland and cross training activities and competitions, (2) to accompany the team of which he/she is a member on any of it's local or out of town trips. I agree to pay all fees, dues, and assessments in a timely manner. 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 or such travel and to pay for such care. I understand and agree that the Aquatic Development Group, Inc., the United States Government, NAS Pensacola, NTTCC Corry Station, 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 or such travel. I expressly agree to waive claim as condition of being allowed to participate.

Guardian's Signature _____ Date _____

STATE of FLORIDA – COUNTY OF ESCAMBIA: Before me this day personally appeared _____ known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____, 20__

NOTARY PUBLIC, State of Florida at Large
My Commission expires: _____