

# Pensacola Navy Youth Seahawks Stroke Clinic

Athlete's Name

LAST FIRST MIDDLE

Goes By

Birthday

Sex

Address

Street City Zip

Phone

Home Work(s) Cell(s)

Parent's Names

and

School

Grade

E-Mail

CHECK ONE

Dependent/AD

Dependent/RET

Dependent/DoD

Civilian

Retired

Active Duty

Please check if you would consider swimming either seasonally or year round 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, CID 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."

Parent Signature

Date

Witness

Date

Please note - if an athlete's parent cannot attend the first day of participation, a parents signature **MUST** be witnessed either on or before the first day by a representative of PNY or by the school's swim coach.

FOR FURTHER INFORMATION - OR TO PRE-REGISTER  
PLEASE CALL COACH TREY AND LEAVE A VOICE-MESSAGE AT 850-554-0625  
OR E-MAIL Coach.Trey@PNYSwimTeam.org

THIS PROGRAM HAS BEEN CO-SPONSORED BY THE PENSACOLA NAVY YOUTH SEAHAWKS AND THE CID CORRY STATION MWR FOR 26 YEARS

OFFICIAL USE ONLY

CHECK # OR CASH

RECEIPT #

DATE

CAP #