

Assigned Group _____	Payment rcvd on _____	(Circle One) Cash Check/M.O.# _____
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2021 Summer Swim League Swimmer Registration NWC Dolphins

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Address: _____ NWC Resident? Y/N *(Circle one)*

E-mail _____ *(Circle one)* *(Circle one)*

Swimmer #1: _____ DOB _____ M/F Shirt Adult: L M S Youth: L M S

Swimmer #2: _____ DOB _____ M/F Shirt Adult: L M S Youth: L M S

Swimmer #3: _____ DOB _____ M/F Shirt Adult: L M S Youth: L M S

Swimmer #4: _____ DOB _____ M/F Shirt Adult: L M S Youth: L M S

Sponsor # 1: _____ Check# _____

Sponsor # 2: _____ Check# _____

Sponsor # 3: _____ Check# _____

Sponsor # 4: _____ Check# _____

Waiver/Release/Consent for Medical Treatment

I, the parent/guardian of all the registrants above agree that I and the registrants will abide by the rules of the NSSL, its affiliated organizations, sponsors and the team NWC Dolphins, Recognizing the possibility of physical injury associated with swimming, I hereby release, discharge and/or otherwise indemnify the league, its affiliated organizations and sponsors including but not limited to their personnel and associates, the owners of the pools and facilities utilized for summer league swimming against any claim by and/or behalf of the registrants as a result of the registrants participation in summer league swimming and/or being transported to/from the same which transportation I hereby authorize.

I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.

As the parent or legal guardian of the above named swimmers, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependents listed above. I assume any and all financial responsibility for any medical/dental care.

Specific known medical problems/allergies: _____

X _____ **Date:** _____

Parent/Guardian Signature (form must be signed to be valid)