



55 AMITY PARK ROAD · BIRDSBORO, 19508  
WWW · AMITYAC · ORG

# Amity AC Pool 2021 Student Swimmer Membership Release Statement

### Participant Information

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Sex:      Male              Female

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the parent/guardian of the participant, a minor, agree that I and the participant will abide by the rules of Amity AC Pool and the Berks County Swimming Association (BCSA), if applicable, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with swimming and in consideration for the Amity AC (and the BCSA, if applicable) accepting the participant for its swim team program activities, I hereby release, discharge and or otherwise indemnify the Amity AC (and the BCSA, if applicable) its affiliated organizations and sponsors, including the owners of the facilities utilized for the programs, against any claim by or on behalf of the participant as a result of the participants activities in the program, and/or being transported to or from the same, which transportation I authorize.

I hereby give my permission for the administration of medical treatment to my child \_\_\_\_\_ in the event of any accident, injury, or illness until such time as I can be contacted personally. I hereby assume the responsibility for any and all financial obligations which might arise from the treatment and/or transportation to medical facility. In the event I cannot be reached the following has my permission to give additional approval for treatment:

### Parent/Guardian Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date