

**OFFICIAL CONSENT FORM**  
**MANISTEE SWIM TEAM - 2009**

1. Complete this form in full.
2. Use only one form per child. If you need more forms, copies may be obtained from the Swim Team Committee.
3. Return this form, along with the required participation fee of \$80 per swimmer to **George Ott, 1610 Fruitridge Road, Manistee, MI 49660**. Please make the check payable to the Manistee Swim Team. **FEES ARE DUE BY MAY 22nd IN ORDER FOR THE CHILD(REN) TO BE ON THE 2009 MANISTEE SWIM TEAM.**  
Please note: Participation fee is non-refundable.
4. Name of Parent(s): \_\_\_\_\_
5. Name of Child: \_\_\_\_\_
6. Address: \_\_\_\_\_
7. City: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_
9. Child Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_
10. E-mail Address: \_\_\_\_\_
11. Name of Physician: \_\_\_\_\_  
Physician's Telephone: \_\_\_\_\_
12. Emergency Contact: \_\_\_\_\_
13. Emergency Contact Telephone: \_\_\_\_\_  
Child Medical Conditions: \_\_\_\_\_
14. **LIABILITY WAIVER:** In consideration for your acceptance of this consent form, I, intending to be legally bound hereby, my heirs, executors, and administrators waive and release the Manistee Swim Team, West Shore Community College, Manistee Area Public Schools, and their agents, representatives, committees, and members, from any and all claims or rights to damages for injuries or losses suffered by myself, and/or members of my family, directly or indirectly while participating in the Manistee Swim Team program.
15. Disrespect shown toward Swim Team representatives and coaches will not be tolerated. Disrespect, or any rowdy behavior, will be grounds for expulsion from the Swim Team program.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Ref: SWIM2009Consent