

BAYSIDE SWIM TEAM



WAIVER

Our attorneys require waivers from all participants in order to participate in the Bayside Swim Team.

Please complete the information below. Submit a separate form for each child. No swimmer may participate until this form has been completed and submitted, and until any outstanding payment balance has been paid.

You can bring the completed waiver to the parent's meeting, or mail the completed form to:

Bayside Swim Team
PO Box 4053
Bellingham, WA 98227

(Note that you can fill out this form electronically, use the button below the form to print a copy of the completed form, and then sign the printed form.)

Name: _____ Phone: _____

Address: _____ Zip Code: _____

Birth date: _____ Age: _____ Grade Entering: _____ Sex: F M

Affiliation: Member Non-Member Member number (if member): _____

I/We will assume financial responsibility for any cost relating to any accident or injury that might occur while participating on the Bayside Swim Team. I will not hold Bayside Swimming Club, Bayside Splash, its employees, instructors, or anyone otherwise involved in the swim team program responsible for any accident or injury that might occur while my child is participating on the Bayside Swim Team.

Guardian Name (please print): _____

Guardian Signature: _____

Email address: _____