

CALVERTON SWIMMING CLUB, INC. - ORGANIZED ACTIVITY RELEASE
(For participants aged __17__ or younger)

NAME OF PARTICIPANT _____

DATE OF BIRTH _____ MEMBERSHIP NUMBER _____

I am the parent or legal guardian of the participant named above. I certify that the participant named above has my permission to participate in one or more of the following organized activities at, or as a representative of, the Calverton Swimming Club:

____ Swimming Team; ____ Dive Team; ____ Volleyball League; ____ Horseshoe League

In consideration of the person named above being granted the opportunity to participate in the indicated program(s), I hereby with full knowledge and understanding, waive and release all rights and claims for damages I, or the person named above, may have against the Calverton Swimming Club, Inc., members of its Board of Directors, Agents, Coaches, Team Representatives and League Commissioners involved in the indicated program(s) for any cause or any injuries sustained by the participant during practice, meets, games, matches, and all other activities related to the indicated activity(ies).

Signature _____ Date: _____