SHELLY ACRES SWIM CLUB MEMBERSHIP APPLICATION AND MEDICAL RELEASE FORM

Mail to: S.A.S.C. P.O. Box 2335 Mansfield, OH 44905

2024 SEASON

MEMBER INFORMATION FIRST AND LAST NAME: ADDRESS: CITY: ZIP CODE: PHONE: **CELL PHONE:** BOND NUMBER (must have) **BOND HOLDER?** FIRST LAST AGE **ADDITIONAL** NAME NAME INFORMATION ADULT 1 ADULT 2 CHILD CHILD CHILD CHILD CHILD CHILD CHILD

Waiver of Liability

This agreement releases **Shelly Acres Swim Club** from all liability relating to injuries that may occur **at the swim club**. By signing this agreement, I agree to hold **Shelly Acres Swim Club** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in **swimming and playing**. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit all right to bring a suit against **Shelly Acres Swim Club** for any reason. In return, I will receive **participation in activities at the Swim Club**. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, ______, fully understand and agree to the above terms.

Date

Sign

COMPLETE THE BACK ALSO

List Family Members	List all known Medical Conditions & Medications that could	
Joining	affect the members' safety; list allergies (bee stings, etc.)	
In an emergency, please containing	act:	
	Phone number	
Physician's name		

Dentist's name ______ Phone number ______ Phone number

If swimmer needs to be transported by squad what is your preferred hospital?

Permission is granted	permission is denied	to treat above	
members and transport if trai	ned medical personal deem needed.		
Please sign and date			
	(spouse, pare	nt or guardian of swimmer)	
Phone number	(this number m	(this number must be updated if changes)	