

**CITY OF BOULDER CITY
AQUATICS DIVISION
871 AVENUE B λ BOULDER CITY NV 89005
TELEPHONE (702)293-9286**

RECREATION SWIM TEAM INFORMATION SHEET

Child's Name _____ Birthdate _____ Grade _____

Address _____ Phone # _____

Parent/Guardian _____ Work Phone _____

Andrew Mitchell Elementary o Teacher _____ Martha P. King Elementary o Teacher _____

Garrett Middle School o Teacher _____ Boulder City High School o Teacher _____

Person(s) to contact in emergency: _____ Phone No. _____

_____ Phone No. _____

Allergies or Special Problems: _____

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**Release of Liability
RECREATION SWIM TEAM PROGRAM**

January 1 – December 31, 20 _____

I, the undersigned, as a participant or parent/guardian of the participant in the Recreation Swim Team Program, Pre-Swim Team Program and Junior Novice Swim Team Program sponsored by the Boulder City Parks and Recreation Department, do understand that, in consideration of the Parks and Recreation Department, I do release them, their officers, agents or employees from all liability demands or claims for loss, damage or injury resulting from participating in the Recreation Swim Team Program, Pre-Swim Team Program and Junior Novice Swim Team Program for any dates from January 1, 20____, through December 31, 20____.

I have been informed by the City and I fully understand and agree that no insurance coverage whatever is being provided by the City, its agents or representatives, undertaking to indemnify, or in any other manner, guaranteeing the safety of any participant in the Recreation Swim Team Program as to any injury or other peril or contingency, resulting from participating in the Recreation Swim Team Program, Pre-Swim Team Program and Junior Novice Swim Team Program whether to persons or property. I recognize and understand that the Recreation Swim Team Program, Pre-Swim Team Program and Junior Novice Swim Team Program require that the participants be in good health. I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent for his/her participation in the Recreation Swim Team Program, Pre-Swim Team Program and Junior Novice Swim Team Program and for any necessary emergency medical treatment.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE