



## Participation Form – Born to Swim Clinic

### Application Due by Monday, April 8, 2013

Thank you for participating in our Born to Swim Clinic on Sunday, April 21<sup>st</sup>. Please read the following release notice and complete the form below to register as a participant. **Participants are asked to arrive at the PG County Sports and Learning Complex for registration between 10:00AM and 10:15AM on Sunday, April 21.**

*I understand that I will be spending the day as a participant for the project described above and attest that I have the ability to swim 25 yards unassisted and I am physically fit to participate in today's event.*

*I further acknowledge that the activities described above may expose me to some risk of injury. To minimize this risk, I will not create an unsafe situation for other individuals, or myself, nor will I engage in any task with which I am not completely comfortable. I will abide by all applicable federal, state and local laws, as well as the rules and directions of the sponsors and coordinators. If I see any situation that I feel is unsafe, I will call it to the attention of the sponsors, coordinators or safety coordinators.*

*Additionally, I grant Potomac Valley Swimming and it's member clubs permission to use my likeness and words for the limited purpose of describing, promoting and publicizing this event described above.*

*Participants under age 18 must have this form signed by a parent or legal guardian (in such event, all references herein to "I" refer to the volunteer who is under age 18).*

### Participant Application Information

*(Please type or print clearly in the application using the boxes below)*

Participant Contact Information	
First Name <input style="width: 90%;" type="text"/>	Last Name <input style="width: 90%;" type="text"/>
Home/Cell Phone <input style="width: 90%;" type="text"/>	Email <input style="width: 90%;" type="text"/>
Age day of the event <input style="width: 20%;" type="text"/>	Gender (circle):    Female    or    Male
Emergency Contact Name <input style="width: 70%;" type="text"/>	Relation <input style="width: 20%;" type="text"/>
Emergency Contact Number <input style="width: 30%;" type="text"/>	Emergency Contact Email <input style="width: 50%;" type="text"/>
Swimming Information	
Check is either:    USA Registered Swimmer <input type="checkbox"/> Only have had lessons <input type="checkbox"/>	
Team Name (If checked USA Swimmer): <input style="width: 90%;" type="text"/>	Coach's Name: <input style="width: 90%;" type="text"/>

I have read the participant release notice and understand the responsibilities and risks associated with this activity. Check the box to confirm the above statement. I agree

We would like to thank you for your expressed interest in participating in the event. We look forward to working with you and hope this will be a great experience! *You will be notified via email once your participation form has been processed.*

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Initials :  I hereby authorize my child to participate in the following event. \_\_\_\_\_

Please return via email to:  
Michelle Jordan at [mjordan152@theresabanks.com](mailto:mjordan152@theresabanks.com); for questions call 301-773-2336