## dpr_WebLogo.gifpvslogo.jpgParticipation Form – Diversity Day Clinic Going for the Gold

**Application Due by Tuesday, April 10, 2012**

Thank you for participating in our Going for the Gold – Diversity Day Clinic on Saturday, April 14th. Please read the following release notice and complete the form below to register as a participant. **Participants are asked to arrive at the Wilson Aquatic Center for registration between 10:00AM and 10:30AM on Saturday, April 14.**

*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 DC Parks and Recreation 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/fill in the application using the boxes below)*

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| --- |
| **Participant Contact Information**  |
| First Name  | Last Name  |
| Home/Cell Phone  | Email |
| Age day of the event  | Gender (circle): Female or Male |
| Emergency Contact Name | Relation  |
| Emergency Contact Number  | Emergency Contact Email  |
| **Swimming Information** |
| Check is either:Only have had lessonsUSA Registered Swimmer |
| Team Name (If checked USA Swimmer):  | Coach’s Name:  |

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

The PVS Diversity Committee would like to thank you for your expressed interested 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 the Diversity Chair

Miriam Lynch at miriamslynch@yahoo.com or call 571-305-2442