

BRANSON WAVES SWIM TEAM

2010

Child's Name _____ Age _____ DOB _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Parents Name _____
Email _____

Shirt Size _____ 6/8 _____ 10/12 _____ 14/16 _____ AS _____ AM _____ AL _____ AXL

I am the parent / Legal guardian of the above named minor. I hereby waive, release, and forever discharge all claims against the City of Branson, its employees, volunteers, commissioners or agents for damages and / or injuries which may arise from participation in the above named athletic program. I hereby authorize any duly licensed physician, emergency medical technician or medical facility to treat the above named minor for injuries that may be received while participating in the above named athletic program.

Signature of parent/guardian

Date

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