

Red Bank Swim Team Release Form

“Home of the Gators”

Swimmer's Name: _____

Parent's Name: _____

Parent's Email Address: _____

Insurance Carrier: _____

Insurance Number: _____

Allergies: _____

In case of a medical emergency, I give any officer of the Red Bank Swim Team parent's organization or their representative permission to seek medical attention for my child.

Parent/Guardian Signature

Date

My child's picture may be used on the RBST website, advertisement, or any media coverage of RBST events.

_____ give permission

_____ do not give permission

Parent/Guardian Signature

Date

I, the undersigned parent of (swimmer) _____, hereby release the Red Bank Swim Team, Inc., its officers, directors, employees and representatives, from all liability for personal injury or property damage occurring at functions sponsored by the Red Bank Swim Team.

Parent/Guardian Signature

Date

Swimmer's T-Shirt Size (for team shirt) Circle Size

Child: Small Medium Large

Adult: Small Medium Large X-Large