Greater Knoxville Area Interclub Swimming Association

Gulf Park Swim Team

2008 Swim Season Registration

Swimmer's Name	Birth Date	Sex	Any Special Health Problems or Medication
		F M	
		F M	
		F M	
		F M	
		F M	

Name of Parent Or Legal Guardian:	
Address:	Home Phone Number:
City: Zip:	Emergency Phone Number:

GKAISA PARTICIPATION RELEASE

I, the parent/guardian of the registrant(s) listed above, a minor(s), agree that the registrant(s) and I will abide by the rules of GKAISA, the Gulf Park Swim Team, its affiliated organizations and sponsors. Recognizing the possibility of physical injury that could occur during a swim meet or practice session and travel due to vehicle accident or other unforeseen accidents, I hereby release, discharge and/or otherwise indemnify the GKAISA, the Gulf Park Swim Team, its affiliated organizations, sponsors, and associated personnel, including owners of pools and facilities utilized by the swim program against any claim by or on behalf of the registrant or their family as a result of the registrant's participation in the swim program and/or being transported to or from the same, which transportation I hereby authorize by the signing of this release.

Signature:_____ Date: _____
(Parent /Legal Guardian)

CONSENT FOR EMERGENCY MEDICAL CARE

I, the parent/guardian of the registrant(s), a minor(s), give my permission to any adult officially representing GKAISA or the Gulf Park Swim Team to obtain emergency medical treatment for the registrant(s) in the event of an accident resulting in personal injury requiring such treatment.

Signature: _____ Date: _____
(Parent/Legal Guardian

Insurance Carrier: _____

Policy Number: _____

Group Number: _____