

Fee received \$ _____



Greenville Area Summer Swim League

_____(initials) I hereby grant permission to the Greenville Area Summer Swim League to use, for promotional purposes, photographs and video images taken of listed swimmer while participating in this program.

Please Print in Ink

Swimmer 1: Last Name _____ MI ___ First _____ Swim Team _____

Age [As of June 1st] _____ Birth Date _____ Gender _____

Medical/Health Problems/Allergies _____

Swimmer 2: Last Name _____ MI ___ First _____ Swim Team _____

Age [As of June 1st] _____ Birth Date _____ Gender _____

Medical/Health Problems/Allergies _____

Swimmer 3: Last Name _____ MI ___ First _____ Swim Team _____

Age [As of June 1st] _____ Birth Date _____ Gender _____

Medical/Health Problems/Allergies _____

Swimmer 4: Last Name _____ MI ___ First _____ Swim Team _____

Age [As of June 1st] _____ Birth Date _____ Gender _____

Medical/Health Problems/Allergies _____

Swimmer 5: Last Name _____ MI ___ First _____ Swim Team _____

Age [As of June 1st] _____ Birth Date _____ Gender _____

Medical/Health Problems/Allergies _____

Swimmer 6: Last Name _____ MI ___ First _____ Swim Team _____

Age [As of June 1st] _____ Birth Date _____ Gender _____

Medical/Health Problems/Allergies _____

Address _____ City/State/Zip _____

Home Phone # _____ Cell Phone #1 _____ Cell Phone #2 _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Emergency Contact (if parents not available) _____ Phone # _____

Parent's E-Mail Address _____