

**REC CENTER
STRONGSVILLE SWIM LEAGUE 2021 CONSENT & RELEASE FORM**

I/We the undersigned, parent(s) and/or guardian(s) of the named youth(s), do hereby give our consent for participation in the training and competitive meets of the Recreation Center, member of the Strongsville Swim League (SSL), which will provide a supervised, competitive swim program. I/We, the parent(s) and/or guardian(s) of the above candidate(s), do hereby give my/our approval for participation in all scheduled activities during the 2021 season. I/We, do further release, absolve and hold harmless the SSL and the Recreation Center Swim Team and the Officers and Coaches of both organizations. In case of injury to my/our child, I/we waive all claim against SSL and the Recreation Center Swim Team organizers, the City of Strongsville, the Strongsville Recreation Department, sponsors, or any of the supervisors appointed by them. Any adult supervisor of the Recreation Center Swim Team is hereby given authority to call for, permit and provide medical care for my/our child and to consent to the provision of care to such child by medical practitioners or a hospital. I/We also certify that my/our child is in good health and has no known disabilities which would keep him/her from participating in the Recreation Center Swim Team practices and meets. I/We understand that swim team insurance will be included in the price of the registration fee.

I/We also understand the need for parental involvement as a vital part of our child's/children's learning experience with the Team as well as the obligation to share in the activities of the Team. Therefore, by executing this form, I/we agree to participate in either the identified volunteered activities or ones that shall be assigned by the Recreation Center Swim Team.

I/We grant permission for my child/children's photo/image/times and name(s) to be published on the SSL Strongsville Swim League public internet site (<http://www.strongsvilleswimleague.org>). I am aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet does not allow control of who may access such information. These dangers have always existed; however, we as an organization do want to celebrate your child and his/her accomplishments.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the SSL President and such rescission will take effect upon the receipt by the SSL President.

Preferred Hospital: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Swimmers' Names: (First, Last)	Birth Date:	Age as of June 1, 2021:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____