

2017 DELLS DOLPHINS SWIM TEAM REGISTRATION FORM

Release of Liability

In consideration of the opportunity for my children,

(Print names of swimmers)

to participate in this recreational program, I release the City of Wisconsin Dells, the Wisconsin Dells Municipal Pool and the Dells Dolphins Swim Team, their coaching staff, employees, officers and agents, from all liabilities and claims for any and all loss resulting from damage to their person or property, including injuries resulting in death, which may result from participation in this recreational program, either inside or outside the city. This includes, but is not limited to travel to and from training sessions, other scheduled activities and swimming meets. I agree to reimburse the above for any and all damages they are compelled to pay arising from any such claim, demand, action or cause of action as may arise from my, or my child's/children's, action(s) while enrolled in the program.

Signed: _____ **Date:** _____

Print Name: _____

Emergency Medical Treatment Authorization

I, _____, in the event that I cannot be reached to make arrangements
(Print name of parent, guardian or adult swimmer)
for emergency medical attention, authorize the staff and/or coaches of the Dells Dolphins Swim Team to take my
child _____ to _____
(Print name of swimmer) (Print name of physician)
at _____ or to the nearest emergency medical facility. If the named
(Print name of medical facility)
physician is not available, I authorize the staff and/or coaches to obtain emergency medical attention and treatment for my child at a hospital or clinic of their choice. I give consent to the hospital or clinic, and physicians to render the necessary emergency treatment to my child.

I authorize emergency medical treatment for myself/son/daughter by any licensed emergency health care provider. I have read and fully understand this form.

Signed: _____ **Date:** _____

Print Name: _____

Known Drug Allergies: _____

Known Medical Conditions: _____

Emergency Telephone Numbers (required):

Cell: _____ **Cell:** _____

Home: _____ **Work:** _____

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Photo Release

I hereby grant the Dells Dolphins Swim Team permission to use my and/or my child's likeness in photograph(s)/video in any and all of its publications (including newsletters and the team website) and in any and all other media, whether now known or hereafter existing, controlled by the Dells Dolphins, in perpetuity, and for other use by the Dells Dolphins Swim Team. I will make no monetary or other claim against Dells Dolphins for the use of the photograph(s)/video.

I hereby grant permission to use the likeness of myself and my children

I DO NOT grant permission to use the likeness of myself and my children

Signed: _____ **Date:** _____

Print Name: _____

Please return to:

Cynthia L Ewig
Dells Dolphins
W14393 Valley View Ct.
Wisconsin Dells, WI 53965
cynthiaewig@yahoo.com
Cell: 608-963-5715