

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 \_\_\_\_\_