

2009/2010

**PRINCE ALBERT SHARKS SWIM CLUB**

Female  Male \_\_\_\_\_ Group  
(optional)  Status/Treaty Indian  Non-Status Indian  Metis  Inuit

Swimmer's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Parent/ Guardian Information**

Mother's name \_\_\_\_\_ Employer \_\_\_\_\_ Work# \_\_\_\_\_  
E- Mail Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_  
E- Mail Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**Swim Saskatchewan Information**

First year this swimmer joined a club: \_\_\_\_\_

At what pool did this swimmer learn to swim? \_\_\_\_\_

Which swimming lesson program was this swimmer a part of? \_\_\_\_\_

Name of the school this swimmer currently attends: \_\_\_\_\_

**Medical Information**

Hospitalization # \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Any pertinent medical information the Club/ Coach/ Chaperones should be aware of \_\_\_\_\_

**Medical Release**

I \_\_\_\_\_ allow the Prince Albert Sharks Swim Club to seek and obtain medical assistance for \_\_\_\_\_ in the event of my absence.

\_\_\_\_\_  
Date Parent / Guardian Signature

I understand that it is **mandatory** to support the club in:

- Officiating and providing food at swim meets hosted by the club .

\_\_\_\_\_  
Date Parent / Guardian Signature\_\_

*Please see back page*

Aug 17, 2009

## RELEASE OF LIABILITY- PLEASE READ CAREFULLY

It is hereby agreed by the undersigned that, in consideration of the undersigned or his or her minor children being permitted to participate in a non- profit swimming program run and organized by the Prince Albert Sharks Swim Club, it's officers, directors, members, coaches, or anyone acting under the direction or control of any of the above are hereby released from any and all liability which may arising out of any act or omission done in connection with any activity associated with any program conducted by, sponsored by, or participated in by the Prince Albert Sharks Swim Club.

It is hereby understood and agreed to by the undersigned that swimming is an inherently dangerous activity and that accidents resulting in serious bodily injury and even death can occur. The undersigned individually and on behalf of any of his or her minor children participating in the program acknowledge that these risks exist, and they are hereby voluntarily encountered and / or assumed by the undersigned.

Further, should this release or any term hereof be held to be invalid or inapplicable, this release shall be interpreted so as to give the maximum amount of immunity to the Prince Albert Sharks Swim Club, it's officers, directors, members, and coaches, as is permissible under the laws of the Province of Saskatchewan.

Dated: \_\_\_\_\_  
Parent/ Guardian Signature

Prince Albert Sharks Swim Club  
Prince Albert, Saskatchewan \_\_\_\_\_  
print child's name

### Consent To Release Information

Please read carefully, complete and sign the consent section below. The Personal Information Protection & Electronic Documents Act requires that consent be obtained for the collection, use, and disclosure of personal information about individuals, including the following:

1. Publishing individual photos that are taken at competitions or awards presentations.
2. Publishing photos or videos that are used in electronic or print media.
3. Publishing swimmers' names, genders, ages, club affiliations and results in swimming newsletters and other communications, in print form, electronic, posted to Prince Albert Sharks Swim Club website or otherwise.

Please indicate your consent for the Prince Albert Sharks Swim Club to use/disclose information supplied by yourself.

Sign **EITHER A or B** below.

**A. I consent to the collection, use and disclosure of information as outlined above.**

_____	_____	_____
Date	Signature of Swimmer or Coach	Signature of Swimmer's Parent/Guardian if swimmer under age 18

**B. I consent to the collection, use and disclosure of the information as outlined ONLY for the following purposes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
Date	Signature of Swimmer or Coach	Signature of Swimmer's Parent/Guardian if swimmer under age 18