

Windsor-Essex Swim Team Permission Form

Meet: FREEZE OR FRY

Host: Dearborn Dolphins

**Location: Jack Dunworth Memorial Pool, Levagood Park
801 North Denwood, Dearborn, Michigan**

Date: June 14-16, 2019

**Schedule: See List of Events and Meet Package
@ Meet Calendar/www.westswim.ca**

Cost: \$ 8 per event (do not enter relays) X _____ = \$ _____
Administration Fee = \$30
Late fee \$ 5 per day X _____ = \$ _____
Total = \$ _____

Deadline: Saturday, May 18, 2019

----- please cut on this line

The undersigned further agrees that the Club, and it's volunteers, trustees, co-ordinators, employees and agents shall be exempt and free of all liability and claims for damages and/or injury of any kind caused to the swimmer or to the property of the swimmer while in the custody of and under the control of the Windsor Essex Swim Team, and in particular any damages arising by or from the authorization by the Windsor Essex Swim Team of any necessary medical treatment as hereinbefore referred to.

SWIMMER'S NAME: _____

Meet: FREEZE OR FRY

Payment enclosed: \$ _____

Dated at this _____ day of _____, 2019.

Parent/Guardian _____

YOUR EVENTS ARE (for example 50 fly, 200 back and etc.):

Friday (maximum 3 events) _____

Saturday (maximum 4 events) _____

Sunday (maximum 4 events) _____

NO REFUND FOR MEET ENTRIES

PARENTS, PLEASE NOTE: It is advisable for any child not COMPLETELY well to stay at home.