

Please note that these are NOT swimming lessons. *Students must be able to swim one length of the pool to qualify to be on the team.*

MMSA AUTHORIZATION FOR SWIMMING 2020

Payment must accompany this form.

STUDENT NAME _____ AGE _____ GRADE _____

ADDRESS _____ TELEPHONE _____

PARENT EMAIL ADDRESS(ES) _____

PARENT(S)/GUARDIAN(S) NAMES _____

I/WE give our permission for _____ to take part in _____

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risk and hazards incidental to such participation and so hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of St. Paul/Mpls., Maternity of Mary-St. Andrew's School (MMSA), its agents, employees and officers, and the chaperones, leaders, organizers, and sponsors, and persons transporting our child to and/or from these activities. Neither the Archdiocese of St. Paul/Mpls., MMSA, nor any of said persons shall be held financially responsible for any injury, illness, or death as a direct or indirect result of this activity.

We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be contacted, I/we hereby authorize that emergency treatment may be administered.

All persons driving to and from these events must have a current and valid driver's license and proper insurance coverage in order to transport participants other than those related to the driver. All drivers must leave a copy of proof of insurance with the athletic director.

Attached is the NON-REFUNDABLE \$ 110.00 Participation Fee for the activity of SWIMMING.

PLEASE MAKE YOUR CHECK OUT TO MMSA.

INFORMATION NEEDED FOR ATHLETIC DIRECTOR/COACHES

IN CASE OF INJURY/ILLNESS, CONTACT: _____ PHONE _____

OR: _____ PHONE _____

PLEASE IDENTIFY ANY ACTIVITIES THAT YOUR CHILD SHOULD NOT PARTICIPATE IN OR SPECIAL CIRCUMSTANCE INCLUDING ANY ALLERGIES OR OTHER KNOWN DISEASE, DISORDERS OR DISABILITIES THAT THE COACH/CHAPERONE SHOULD BE AWARE OF.

This permission form and fees must be returned to the athletic director before any student can participate in the above activities, practices, or games. Please return the form to the office by Friday, November 15, 2019 so we can organize teams and coaches.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

INTERESTED IN COACHING? NAME _____ PHONE _____