



Please complete entire form for each individual swimmer. (Print Please)

First Name _____ Last Name _____

Address _____ City/State/Zip _____

Phone Number _____ DOB _____

Email (main source of contact from coaches) _____

Circle One: Male or Female _____ Age as of June 1, 2021 _____

Rate: June 7th - July 23rd : \$100 per swimmer (**NOT** pro-rated at anytime)

Includes: 5 practice options/week, swim meet fees, team t-shirt, swim cap, ribbons, and end of the year PIZZA PARTY!!

*Practice times effective June 7th : Monday, Wednesday & Friday morning from 8-9:45am, Wednesday evening from 5-6:30pm and Saturday morning from 8-9am

*Swim Meet Dates June 21st, June 28th & July 12th location TBD

*The conference swim meet will be Friday, July 23rd at Peak Sports Club followed by the team pizza party. (Rain date is Saturday, July 24th) ~~(du) 9m55TQ) 2P7(u)-610512L~~

Please check only one t-shirt size:

Peak Sports Club Minor Consent and Liability Release Form

Participant understands that he or she is using the facilities at their own risk. Peak Sports Club shall not be liable for any damages arising from personal injuries and damages which may occur in or about the premises and he or she does hereby full and forever release and discharge Peak Sports Club owners and operators, all associated facilities, their owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of the participants use of the facilities. Participation is entirely his or her own choice with the understanding of risk of accidental injury involved in any activity involving unusual motion or height including, but not limited to those bodily injury, partial and/or total disability, paralysis and death. There may be other risks not known to us or are not reasonably foreseeable at this time.

I agree that this consent and liability release form covers each and every event or activity sponsored by Peak Sports Club and/or their affiliated organizations. I have read the above waiver and sign it voluntarily.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date