



Performanceplus
Achievement through Perseverance

GENERAL INFORMATION

Swimmer Information

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____ T-shirt size: _____

Address: _____

Unit #: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Email: _____

Medical Information

Provincial Health Card Number, Version Number: _____

Name of Family Doctor: _____ Phone number: _____

Allergies: _____

Life-threatening? _____ Medication instructions? _____

Date of Last Tetanus: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Are there any other diet or health concerns we should be aware of? _____



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WAIVER

- 1) This completed and signed form **MUST** be submitted prior to participating in any event.
- 2) A **separate form** is needed for **each activity**.
- 3) Performanceplus requires all participants to have a form on file.

Participant's Name: _____ Event: _____

AGREEMENT, WAIVER, & RELEASE

In consideration for being permitted by Performanceplus to participate in the above activity, I hereby waive, release, and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of death or any injury or property damage that said participant may sustain while participating in said activity.

PARENTAL CONSENT (to be completed and signed by parent/guardian if applicant is under 18 years of age.)

I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense that they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. **I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND PERFORMANCEPLUS AND I SIGN IT OF MY FREE WILL.**

Print Name: _____ Relationship: _____
(Parent /Guardian)

Signature: _____ Date: _____

This form must be completed and turned in to the instructor at the first activity meeting or the participant **WILL NOT BE ALLOWED TO PARTICIPATE** until it is completed. No refunds will be issued for days not participated.



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MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date give below.

Address: _____

Insurance Company: _____

Policy Number: _____

In case I cannot be reached, any of the following person(s) is designated to act on my behalf.

- Coach: _____
- Assistant Coach: _____
- Manager: _____
- A league representative where my child is playing.
- Any tournament representative where my child is participating in a tournament.

Physican: _____

Address: _____

Phone: _____

Known Allergies: _____

Signature (Parent/Gudardian): _____ Date: _____

Subscribed and sworn before me _____ day of _____, 20____.

Notary Public: _____