

CITY OF EL PASO PARKS AND RECREATION DEPARTMENT AQUATICS DIVISION GUS & GOLDIE SUMMER SWIM LEAGUE PROGRAM PARENT/PARTICIPANT ACKNOWLEDGEMENT



TEAM NAME

The goal of the Summer Swim League Program is to stimulate an interest in competitive swimming and provide a means through which youth may learn leadership, the principles of good sportsmanship, values of physical fitness, advanced aquatic skills, encourage and develop teamwork, establish a love for the sport of swimming, and community spirit. Applicants and/or coaches who desire a more intense practice and more intense level of training and competition sh<u>ould</u> seek a higher level of league such as the U.S.A.S. Swim Clubs and high school teams.

I (Parent/Participant) hereby acknowledge that my child/I will be participating in the Summer Swim League Program, sponsored by the City of El Paso Parks and Recreation Department Aquatics Division, and by doing so, I further acknowledge that I have read and understood the <u>Rules and Procedures for Participation</u>, and as a participant I understand that violating any of the rules I, and or my team will be subject to penalties set forth in the rules, to include expulsion from the league. I am also aware that I may obtain a copy of the same from the City of El Paso Parks and Recreation web page <u>http://www.elpasotexas.gov/parks/summer_leagues.asp</u>.

I (Parent/Participant) verify that my child has not swam for a USS Swim Team after March 31 of this year.

I (Parent/Participant) acknowledge that my child can swim as least 25 yards unassisted in the pool. I further understand that if the coach determines that my child does not meet swim team requirements that my child may enroll in swim lessons, and that I am not entitled to a refund.

The age of the child will be the day of the Private/Public Championship Meet. If address or last name is different from the other participant (s), complete an additional parent/participant acknowledgment form. Participant(s) may ONLY register for ONE TEAM.

Please Print Legibly and Parent Must Sign Bottom

Parent's Name (print)		Parent Signature If under 18 years of age		Date	
Address		City	State	Zip code	Phone number
Last name,	First name	_ <u>M_F</u> // Sex Date of Birt	/ h Participan	Participant Signature	
Last name,	First name	_ <u>M_F</u> // Sex Date of Birt	/ h Participan	nt Signature	
Last name,	First name	_ <u>M_F</u> /_/ Sex Date of Birt	/ h Participan	nt Signature	
Last name,	First name	_ <u>M_F</u> /_/ Sex Date of Birt	/ h Participan	nt Signature	
Last name,	First name	_ <u>M F</u> / /	/ h Participan	nt Signature	_