Pensacola Navy Youth Seahawks Stroke Clinic

Athlete's N	lame							
		LAST			FIRST			MIDDLE
Goes By				Birthday			Sex	
Address								
	Street				City		Zip	
Phone								
	Home			Work(s)			Cell(s)	
Parent's N	ames				and			
School			Grade		E-Mail			
CHECK ONE		Dependent/AD			Dependent/Retired			Dependent/Dol
		Civilian			Dependent/Contractor			Active Duty
	Please chec	k if you would	d consider s	wimming eith	er seasonal	ly or year ro	und for th	e Navy Seahawks

"I hereby give my consent for the above named athlete to participate with the Pensacola Navy Youth Swim Team in swim practices, competitions, and clinics. I authorize the team to obtain, through a physician of the team's choice, any emergency care that may become reasonably necessary for the athlete in the course of such athletic activities and to pay for such care. I understand and agree that United States Swimming, Southeastern Swimming, the United States Government, NAS Pensacola, the Aquatic Development Group Inc., the Pensacola Navy Youth Swim Team, their trustees, officers, representatives, employees or contractors shall be free of any liabilities or claims for damages arising by any reason of injuries to anyone in the course of such athletic activities. I expressly agree to waive claim as condition of being allowed to participate."

SECURITY PROCEDURES WILL BE IN PLACE FOR OUR CIVILIAN FRIENDS - CALL 452-9429 FOR BASE ACCESS DETAILS

Parent Signature	
	Date
Witness	
	Date

Please note - if an athlete's parent cannot attend the first day of participation, a parents signature MUST be witnessed either on or before the first day by a representative of PNY or by the school's swim coach.

FOR FURTHER INFORMATION - OR TO PRE-REGISTER

Please call Coach Trey and leave a voice message at 850-554-0625 or E-MAIL pny.coach.trey@gmail.com
OR call the MWR Aquatic Office at 452-9429 or email naspaquatics@yahoo.com.

THIS COMMMUNITY OUTREACH HAS BEEN CO-SPONSORED BY THE PENSACOLA NAVY YOUTH SEAHAWKS AND THE CID CORRY STATION MWR FOR 33 YEARS

	OFFICIAL US	SE ONLY		
CHECK # OR CASH	RECEIPT #	DATE	CAP #	