## Pensacola Navy Youth Seahawks Stroke Clinic

Athlete's Name	e		
	LAST	FIRST	MIDDLE
Goes By	Birthda	ay	Sex
Address			
Stree	et	City	Zip
Phone			
Hom	e Work(s)		Cell(s)
Parent's Name	es .	and	
School	Grade	E-Mail	
CHECK ONE	Dependent/AD	Dependent/Retired	Dependent/DoD
_	Civilian	Dependent/Contractor	Active Duty
Ple	ase check if you would consider swimming eit	ther seasonally or year roun	d for the Navy Seahawks
in swim practichoice, any eractivities and the United Star Pensacola Navof any liabiliti activities. I e	my consent for the above named athlete ices, competitions, and clinics. I authorize mergency care that may become reasonal to pay for such care. I understand and a stes Government, NAS Pensacola, the Aquity Youth Swim Team, their trustees, offices or claims for damages arising by any rexpressly agree to waive claim as conditional PROCEDURES WILL BE IN PLACE FOR OUR CITE	ze the team to obtain, the oly necessary for the athle gree that United States Static Development Groupers, representatives, empleason of injuries to anyon of being allowed to par	rough a physician of the team's ete in the course of such athletic wimming, Southeastern Swimming, Inc., Seahawk Aquatics Inc., the ployees or contractors shall be free he in the course of such athletic ticipate."
	JI C		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 34 YEARS

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CREDIT CARD OR CASH RECEIPT #	DATE	CAP#	