



2007-8



Team Pittsburgh Aquatics
SUMMER COLLEGE Membership
&

Permission to Participate and Liability Release

Form with fields for Last Name, First Name, Middle Initial, Birthdate, E-Mail Address, Summer Billing Address, Parents' Address, City, State, Zip, Phone, and Parents' Phone.

SUMMER COLLEGE SWIMMERS ENROLLING IN TEAM PITTSBURGH AQUATICS

- You must: 1. Hold a current USS Card. 2. Pay 1/2 of your summer fees (\$75.00) and any USS fees immediately. All checks are payable to: Pittsburgh Aquatic Program. The remaining 1/2 of your fees must be paid by July 15. The total fees for summer college swimmers is \$150.

ARE YOU A CURRENTLY REGISTERED USS SWIMMER? YES NO
(If NO, you understand that you will be registered by us and will owe the USS registration costs.)

Entered on Computer USS REG. BILLED

PERMISSION TO PARTICIPATE and LIABILITY RELEASE

I, _____, the above listed applicant and/or the parent/guardian of the above listed child(ren) and family members, agree to participate and/or agree to allow my child(ren) and family members to participate on Team Pittsburgh Aquatics (TPIT), and hereby release TPIT, the coaches and staff of TPIT, UNITED STATES SWIMMING, ALLEGHENY MTN. SWIMMING, the UNIVERSITY OF PITTSBURGH and its ATHLETIC DEPARTMENT, their agents and employees from any injury that may occur to myself, my child(ren), or family members while participating in the programs of TPIT, including travel to and from training sessions, scheduled activities, and swimming meets. I hereby agree that I, my child(ren), or family members may travel with the team coaches, staff, or any other designee who provides transportation to or from such events or practices. I agree to indemnify and hold harmless the above mentioned, their agents and employees against any and all liability for personal injury, including injuries resulting in death, or damage to property, or both while I, my child(ren), or family members are participating in TPIT. I further agree to reimburse the above parties for any damages they are compelled to pay arising from any claims, demand, action or cause of action by myself, my child(ren), or family members.

I have noted on the back of this form any medical history or problems of which the staff or coaching staff should be aware that would or could effect training and/or competition.

Signature of Summer College Swimmer

Date