

SQUID SWIM TEAM

New Swimmer/Visitor/Non-Member Form



Thank you for your interest in SQUID, Denver's premier LGBT and LGBT-friendly masters swim team! Since we practice at facilities operated by Denver Public Schools and Denver Parks & Recreation, we require every participant to provide emergency contact information and sign the Liability statement below. Please fill out the rest of the form so we can understand your interests and how you heard about the team.

CONTACT INFO

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ cell home work

Phone: _____ cell home work

E-mail: _____

Would you like to be added to our e-mail list? Yes No

Note: Many announcements are posted on our Facebook page. We encourage you to join our group there.

EMERGENCY Contact

Contact Name: _____ Relation: _____

Phone: _____ cell home work

Phone: _____ cell home work

VISITOR

Are you a visiting swimmer from another USMS and/or GLBT Swim Team? Yes No

If yes, what team? _____ City/State: _____

LIABILITY

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters swimming (training and competition), including possible injury, permanent disability or death, and agree to assume all of these risks. As a condition of my participation in the SQUID Masters Swimming Program or any activities hereto, I hereby waive any and all rights to claims for loss or damages, including all claims for loss or damages caused by the negligence, active or passive, of Colorado SQUID Swim Team, or any individuals supervising such activities.

Signature

Date

How did you hear about SQUID? _____

I am interested in (Check all that apply): Fitness swimming Competitive swimming
 Social events Open Water swimming Learn to Swim