



# Swim for Life Consent Form

I, ....., hereby give consent for my child/ward to participate in  
(Parent/Guardian)  
the Swim for Life program.

### Participant Information

Name: ..... Age: .....

Gender: Male  Female

Address: .....

### Contact Information

Primary contact number: .....

Emergency contact number: .....

Parent National Registration number: .....

### Options for Venue and Time (Kindly select one from each)

Time:  9:00 am- 10:30 am       11:00 am- 12:30 pm       1:00 pm- 2:30 pm

Location:  Brandon’s Beach       Enterprise/Miami Beach       Browne’s Beach

Aquatic Center       Seaside Aquatics       Alleyne’s Bay

List any medications participant is receiving regularly:

.....

List any allergies that the participant has:

.....

List any other health or personal concerns that the organizers should know of:

.....

This program will be conducted by certified coaches / instructors. I indemnify the organizers and its members from and against all liability with respect to any injuries sustained by my (child/ward) resulting from actions that are contrary to given instructions while at any session.

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Signature (Parent/ Guardian)

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Date

**PARTICIPANTS ARE TO BE COLLECTED AFTER EACH SESSION**

“We Sea, We Life, Swim for Life”