



Burnaby Caprice Synchro Swim Club Meet Waiver

(fill in and return ASAP to Your Coach)

I _____ the parent/guardian of _____
(please print) (please print)

do hereby give consent for my child to be under the care of _____
(please print)

on the weekend of _____ during the _____ Meet.

My contact information is:

Phone # : _____ Work/Cell: _____

In the case that the swimmer's parents are not available for contact in an emergency
The designated emergency contacts are:

Name: _____
Phone: _____
Cell: _____

The swimmer's emergency information is listed below:

_____ BC Care card number
_____ allergies
_____ medications
_____ medical alerts or conditions

In case a parent or guardian is **not attending the meet**, you must appoint a chaperone. Please fill in the following information permitting and identifying said chaperone:

I understand that by giving my consent I permit _____ to be responsible for
(please print)

my child _____'s conduct and safety at all times during this excursion to, from and during this meet. I permit _____ to use appropriate action should my child's conduct be inappropriate as deemed by her coach. I permit _____ to act as they see fit in the case of a medical emergency concerning my child and to contact me as soon as it is safe to do so.

In case a parent or guardian is **not driving** said swimmer during this meet, it is important to also name the driver you are permitting to drive your child during the meet:

I permit _____ to drive my child to, from and during this meet.
(please print)

Signed by: _____

Relationship to swimmer: _____

Dated: _____