

# SWARM Swimming 2026-2027

## Participation Information

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Emergency Information

Parent/Guardian Name: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Information

Do any of the participants have any medical condition the instructor should be aware of? (For example, diabetic or suffers from seizures) Circle one: YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Swim Lessons/ Lap Swim/Swarm Waiver 2026-2027

Waiver of Claims: I as parent or guardian, hereby give my permission for my child to participate in the Flour Bluff Swim Program and acknowledge the fact that she/he is physically able to participate in swimming activities. I hereby authorize Flour Bluff ISD and the directors of the Flour Bluff Summer Swim Program to act for me according to their best judgment in any emergency requiring medical attention. I also assume any and all other risks associated with participating in the swim program, but not limited to falls, contact with other participants, the effects of the weather, including high heat or humidity, chlorine, including red eyes and ear infections, and death by drowning. I also understand the risk of my child participating with other children of varied skill levels, abilities and age differences. I acknowledge I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child. I hereby waive any claim I might have against Flour Bluff ISD and the Flour Bluff Summer Swim Program.

Participant Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_