

Coach / Parent: Please complete all yellow shaded areas.

Windsor Aquatic Club - Swim Meet Permission Form

Top Half - Parent Copy

Swimmer: _____ Swim Meet: ROW Spring Turbocharge

Hosted by: Region of Waterloo Location: Wilfrid Laurier Univeristy Waterloo, On

Session Times: View WAC Website or see Coach for meet details

Dates: Sunday, April 13, 2008 to _____

Cost: \$7.00 per event X 5 events = \$35.00 plus Team surcharge of: \$20.00

Total = \$55.00 less _____ from Shop and Support account. Total = **\$55.00**

Thursday or Day 1	Friday or Day 2	Saturday or Day 3	Sunday or Day 4
Event #: _____	Event #: <u>0</u>	Event #: <u>0</u>	Event #: <u>1 - 100 free</u>
Event #: _____	Event #: <u>0</u>	Event #: <u>0</u>	Event #: <u>2 - 100 back</u>
Event #: _____	Event #: <u>0</u>	Event #: <u>0</u>	Event #: <u>3 - 100 fly</u>
Event #: <u>0</u>	Event #: <u>0</u>	Event #: <u>0</u>	Event #: <u>4 - 100 breast</u>
Event #: <u>0</u>	Event #: <u>0</u>	Event #: <u>0</u>	Event #: <u>5 200 IM</u>
Event #: <u>0</u>	Event #: <u>0</u>	Event #: <u>0</u>	Event #: _____

If necessary, see map attached for directions or special instructions.

Return completed permission form to the COACH with payment attached.

Bottom Half - Coach for Club records.

Swimmer: _____ Swim Meet: ROW Spring Turbocharge

Return no later than (date): Saturday, March 29, 2008 No Exceptions!

Amount Enclosed: \$55.00 Amount Owed: \$55.00

Please take: \$0.00 out of my Shop and Support account.

I am a parent (guardian) of the above child, and in consideration of the Windsor Aquatic Club permitting my child to take part in the aforementioned swim meet. I hereby agree that the Windsor Aquatic Club, its officers, directors, coaches and members shall not, except for negligence, be responsible for any injury, loss, damages or costs which may be suffered or incurred by me or my said child arising out of the said meet, including, but not limited to transportation to and from the meet, accommodation at the meet, and incidental activities while attending the meet. PARTIAL REFUNDS ON TRAVEL AND ACCOMMODATION FEES FOR MEDICAL REASONS ONLY.

Signature: _____ Date: _____

Thursday or Day 1	Friday or Day 2	Saturday or Day 3	Sunday or Day 4
Event #: _____	Event #: _____	Event #: _____	Event #: <u>1 - 100 free</u>
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Event #: _____	Event #: _____	Event #: _____	Event #: <u>5 200 IM</u>
Event #: _____	Event #: _____	Event #: _____	Event #: _____