

The Irvington Club Swim Team is having an overnight swim from 9:00 PM to 6:30 AM on July 13th-July 14th 2010. The event is for the purpose of fundraising. All participants must be 12 years old or older. The participants will be swimming 2-3 1 hour shifts, under the supervision of a certified lifeguard.

I, _____, am the parent and legal guardian of _____

_____ has my permission to attend the overnight at The Irvington Club and participate in all the related activities. Laura Tyrrell, Stacey McCrary, Zoey Kearns and the other employees of The Irvington Club are hereby given the following authority on the time period indicated above:

To consent to any medical treatment that may be required for

_____ *[name of child]* in the place and with the same authority as _____ *[name of parent]*.

The Irvington Club and the employees, of The Irvington Club are hereby released from liability for all actions taken in good faith during the event.

Date: _____ Parent's name: _____

Parent's signature _____

Contact Information:

Home (_____) _____ - _____ Cell (_____) _____ - _____

Name of contact _____

Home (_____) _____ - _____ Cell (_____) _____ - _____

Name of contact _____

Medical Contact Information:

Primary Care Physician: _____ Phone # _____