

**The OBX Swim Club welcomes swimmers from around the country to practice with our team while vacationing on the Outer Banks.** We practice at the [Outer Banks Family YMCA](#) ([map](#)). You can also view our [Summer Practice Schedule](#) which begins on June 11, 2007

**Fee:** \$60 per week (one-week minimum) with reservations due by Friday of the week prior to your visit. Contact Head Coach Craig Bialorucki regarding practice times and availability: [swimobx@gmail.com](mailto:swimobx@gmail.com)  
Or 252-599-SWIM (7946)

Please print, sign and return this form to coaching staff upon arrival along with proof of USA Swimming Membership (USA Swimming ID number).

Swimmers will only have access to the facility under the direct supervision of the coaching staff of OBX Swim Club during practice hours.

**Assumption of Risk, Release and Indemnification Agreement:**

For and in consideration of membership for my minor child in the activities of OBX Swim Club, Inc. and of my child being permitted to utilize the facilities, services and programs of the OBX Swim Club, Inc. and for other good and valuable consideration the receipt of which is hereby acknowledged, I the undersigned, for myself and for my minor child, do hereby release and forever discharge OBX Swim Club, all its officers, agents, and employees from and against any and all claims of damages, demands, and actions and/or causes of action for personal injury, illness, death, and/or property damage arising from my child's participation in any activity of the swim team sponsored by OBX Swim Club, Inc. I further agree to indemnify and save harmless the OBX Swim Club, Inc. from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the OBX Swim Club, Inc., its directors, officers, members or guests. I have read, understand and am voluntarily signing this authorization and release on behalf of myself and my child, fully intending to be bound by it.

I hereby attest and verify that I have full knowledge of the risks involved in the sport of swimming; I assume those risks for myself and for my minor child; and I assume and shall be solely responsible for medical and/or emergency expenses resulting from my child's accident, illness and/or incapacity, if any, whether or not I expressly authorized such expense.

I acknowledge and attest that I have or will read and comply with all rules and regulations of OBX Swim Club, Inc.

I attest that my minor child is physically fit and sufficiently trained to participate in competitive swimming.

As the parent of the minor child listed below, I shall be personally responsible for and liable for the actions and conduct of my child and for any damage or injury he or she may cause while participating in the activities of OBX Swim Club.

If my child is in need of emergency medical treatment, I authorize the coaches, lifeguards, and/or a responsible adult to seek immediate attention for my child by calling the appropriate emergency services. I also understand that they will make every effort to contact the parent and/or legal guardian at that time.

I hereby execute this release and indemnity as parent and/or legal guardian of the child, having fully read, and freely and voluntarily agree to its terms and conditions.

In Witness Thereof, I have set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

**Swimmers Name:** \_\_\_\_\_ USS ID# \_\_\_\_\_ (required)

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

YMCA Membership ID# \_\_\_\_\_ (if applicable) State: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Number where you can be reached during your stay: \_\_\_\_\_