

**2009 SENIOR TRAINING TRIP
SOUTHEASTERN SWIM CLUB
MOUNT VERNON SWIM TEAM
PERMISSION SLIP**

I hereby give permission for my child to participate in an athletic or social event as described below. During such event, if it shall be necessary for my child to receive medical treatment from illness, injury, or emergency, I authorize Southeastern Swim Club/Mt Vernon Swim Team or any of its agents, employees, or volunteers to secure reasonable medical treatment for my child, and I hereby appoint such representative of SSC/MTV to consent for all medical/surgical treatment and/or medical procedures which may be required in event of an emergency. I understand that if time permits, I will be consulted and advised of the emergency. I hereby release and discharge SSC/MTV and its officers, directors, and/or agents from any damages resulting from activities in the following listed events and indemnify from damages and attorney fees resulting therefrom should litigation ensue.

Description of Event: 2009 Senior Training Trip

Date of Event: June 15 - 21, 2009

Location of Event: Kentucky, Tennessee, Arkansas, Missouri, Illinois, etc.

Name of Athlete: _____

Phone Number(s) where Parent(s) or Guardian(s) can be reached during this event:

Parent/Guardian Signature

Date

In case of emergency and the parent or guardian cannot be reached, please call:

Name(s) & Phone Number(s): _____

In conjunction with the event described above, I am hereby informing SSC/MTV of optional information regarding my child. I understand that I do not have to provide this information regarding my child and that it is optional on my part to do so.

Allergies of Child: _____

Physical Disabilities: _____

Please use the back side of this sheet for any additional information about your child that you would like the chaperones to know. Thank you!