

PLEASE PROVIDE A COPY OF INSURANCE CARD WITH THIS FORM



2020 CAROLINAS DIVERSITY/INCLUSION SELECT CAMP



## Application

Athlete: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

**NCS Swim Club** \_\_\_\_\_ **T-SHIRT SIZE** \_\_\_\_\_

This is to certify that I, as parent/guardian of this athlete have explained to my child the aforementioned conditions and their ramifications, and I consent to his/her participation in this activity conducted under the backing of North Carolina Swimming.

I understand that the cost of the 2020 Carolinas Diversity/Inclusion Select Camp is \$50 and is **NON-REFUNDABLE**.

I agree to hold harmless North Carolina Swimming, South Carolina Swimming, and its employees, all members of Carolinas Diversity/Inclusion Select Camp coaches/camp staff, and any other persons or agencies officially associated with the 2020 Carolinas Diversity/Inclusion Select Camp.

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

Phone: (Cell or Home) \_\_\_\_\_

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

Today's Date; \_\_\_\_\_