

2024 SAAA Waiver Form

Swimmer's Name: _____

(Last) (First) (Middle Initial)

DOB: _____ Age (as of 6/1/24): _____ M/F _____ Team: _____

Parent Phone: _____ Parent Phone: _____

Emergency Contact Name: _____ Phone: _____

Please list all known medical conditions or allergies on the back of this form.

EMERGENCY AUTHORIZATION: By allowing your swimmer to participate in the Southern Arizona Aquatic Association (SAAA), you do hereby authorize the coaches, assistant coaches, or parents acting in the capacity of supervisors as Agents for your team or SAAA, to consent to medical, surgical, and/or dental examination, treatment, etc. In the case of an emergency, you hereby authorize treatment and/or care of the registered swimmer at any hospital or care facility.

ACKNOWLEDGEMENT OF RISK: By allowing your swimmer to participate in the Southern Arizona Aquatic Association (SAAA), you are hereby acknowledging that swimming is a potentially dangerous sport that may result in serious injury, or even death. These may result not only from your own swimmer's actions/inactions, but from action/inaction/negligence of others, the conditions of equipment, facilities, or other locations used for training or competition. You are agreeing to assume the risk in participation with your swim team and give consent to participate in said program.

WAIVER OF LIABILITY AND DISCLAIMER: I/we, the parent(s) or guardian(s) of said individual, hereby give our consent and agree to release, indemnify, and hold harmless the Southern Arizona Aquatic Association (SAAA) and its Member Teams, its coaches, officials, and representatives, from any claim arising out of injury to the named individual. We also hold these same parties harmless from any claim arising out of injuries or conditions caused by or aggravated by our refusal to obtain medical treatment based on religious or philosophical beliefs.

COVID WAIVER: By attending or participating in any practice, competition, meetings, training, or other team activities, you voluntarily assume all risks associated with exposure to Covid-19 and forever release and hold harmless the Southern Arizona Aquatic Association (SAAA), and each of their officers, directors, agents, employees, or other representatives from any liability or claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claims you may have to seek damages, whether known or unknown, foreseen, or unforeseen, in connection with exposure, infection, and/or spread of Covid-19 related to participation in the league.

(Parent/Guardian Signature)

(Date)

Swimmer's Name: _____
(Last) (First) (Middle Initial)

Sabino Vista Hills Swim Team Swimmer Medical Form

Please use this to section to list any known medical conditions or allergies for your swimmer and upload it with your signed SAAA waiver, or e-mail it to admin@svhswim.com.

Allergies

Please list any food, medication, insect, latex, etc. allergies and their severity. Please also indicate if your swimmer carries or requires an epi-pen, antihistamine, or similar instant treatment device, dosage instructions if applicable, and where it will be regularly located in their kit:

Medical Conditions

Please list any known medical conditions:

