

GLENWOOD DIVE TEAM PERMISSION SLIP

I give my child(ren), _____,
_____, _____,

permission to participate in all practices and diving meets with the Glenwood Diving Team. In case of emergency in which I can not be contacted, I authorize the coaches and/or pool staff to administer first aid to my child. I also give permission to transport my child to the nearest hospital or to call the Emergency Medical System if they feel it is necessary.

Also, I give permission to the coaches, team representative, or senior team members to transport my child by private car to meets or special practices if arrangements are made by me or my spouse.

Daytime phone: Mother _____

 Father _____

Home phone: Mother _____

 Father _____

Parent/Guardian Signature: _____

Date: _____