

**Jackson County Swim Team
Membership Form**

Swimmer's Last Name _____ First Name _____ MI. _____

Male/female _____ Date of Birth _____ School _____

Parent(s) or Guardian(s): _____

Address _____

Email address _____

Home phone _____ Work phone _____ Work phone2 _____

Cell phone _____ Cell Phone 2 _____

In case of emergency, notify (someone other than parents)

Name _____ Home phone _____ work phone _____

Cell phone _____

State of North Carolina, County of Jackson

In consideration of Western Carolina University's permitting the use of the University's swimming pool, I hereby agree to abide by all rules and regulations for the use of said pool promulgated by the University and/or the person delegated to care for and supervise said swimming activities.

The undersigned further agrees to release and hold harmless and indemnify Western Carolina University, the person delegated to care for and supervise said swimming activities, and other officials and employees of the University from any and all claims, demands, costs, losses, and expenses which I, my heirs, and personal representatives may have arising out of my use of said swimming pool or participation in official or unofficial swimming activities in which I may be involved.

_____ Date _____

Signature of Parent or Guardian if member is under 18

Media Release

I give permission for JCST to use my child's picture or name for promotional purposes in media materials such as newspapers, banners, team brochures, flyers, etc.

_____ Date _____

Signature of Parent or Guardian if member is under 18

Please Check Media you consent for your swimmer(s) to be included in (photos &/or

names): ___ Newspaper ___ Team Site ___ Website ___ Flyers/brochures

Parent Volunteer Information (mandatory) (circle those you would be willing to assist with)
Publicity newsletter fundraising social events recruiting finances