

**WALTER PAYTON COLLEGE PREP SWIM TEAM
PARENTAL CONSENT FORM**

EMERGENCY CARE

IN CASE OF SICKNESS OR ACCIDENT, I HEREBY AUTHORIZE PAYTON PREP TO SECURE EMERGENCY MEDICAL CARE FOR MY CHILD _____ I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE RESULTING MEDICAL BILLS.

PARENT/GUARDIAN

SIGNATURE _____ **DATE** _____

INCASE OF EMERGENCY, CALL _____ **PHONE** _____

PHOTO RELEASE

I UNDERSTAND THAT MY CHILD _____ MAY BE PHOTOGRAPHED FOR YMCA PROMOTIONAL PURPOSES, AND HEREBY GRANT PERMISSION FOR SUCH PHOTOGRAPHS TO BE TAKEN.

PARENT/GUARDIAN

SIGNATURE _____ **DATE** _____

I GIVE MY CONSENT FOR MY SON/DAUGHTER, _____ ADVISORY#, _____ ROOM# _____, TO PARTICIPATE ON THE PAYTON PREP SWIM TEAM, PRACTICE AND COMPETITION.

WHEN: MONDAY – FRIDAY 8/17 – 11/23 2005

TIME: 4:30pm – 6:30pm (additional morning practices may be added)

WHERE: TRUMAN COLLEGE, 1145 W. WILSON AVE. CHICAGO

PARENT/GUARDIAN

SIGNATURE _____ **DATE** _____