Parent and Athlete Swim & Dive Checklist 2018-2019

This form must be completed and returned to Coach Greene on or before Monday, October 15, 2018.

By completing this form, I acknowledge that I have received and read the following information and understand the requirements for participating on the Sequoyah Swim & Dive Team. _____ Information Packet _____ Lettering policy _____ Information regarding MRSA _____ Information regarding Performance Enhancement Drugs _____ Eligibility Information I have completed the following: _____ Turned in the whole, completed physical including the code of conduct and emergency contact information. ____ Parent Contract ____ Athlete Contract ____ Concussion impact test form signed _____ Registered online at https://sequoyahswimchiefs.swimtopia.com ____ Paid Fees Swimmer Signature: Date: _____ Parent Signature: Date: _____ Parent Signature:

Date: _____