



## Sopris Barracuda Participation and Parent Consent Form

Athlete Name: \_\_\_\_\_

\_\_\_\_\_ May participate in dryland activities and all swimming activities

\_\_\_\_\_ May participate in all activities, except: \_\_\_\_\_

\_\_\_\_\_ May NOT participate in any activities

\_\_\_\_\_ Allergies/asthma/or other necessary information coaches should be aware of:

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***Please Note: Athletes will NOT be allowed to participate in any Sopris Barracuda activities until the "Physical Examination & Sports Participation Clearance" form is submitted to the Team.***

I hereby give my consent for the above athlete to participate in athletic activities as a member of the Sopris Barracudas Swim (Team). I understand that participation with the Team involves risks (athletic or other). I further authorize the Team, through a certified health care specialist, qualified coach/staff, or a physician of its own choice, to provide any emergency and/or follow-up medical care that may become reasonably necessary for the athlete in the course of any such athletic practice, competition or travel. I agree that the above athlete is participating at their own risk, and that they will not participate in any team activities if sick, has a temperature of 100.4 or greater, or is not feeling well. I understand that if a coach feels the athlete is sick, they will be asked to immediately leave practice. I agree not to hold the Sopris Barracuda Swim Team or anyone acting on its behalf responsible for any injury or illness incurred to the above-named athlete in the course of such athletic event or travel. Furthermore, I certify that I know and understand the extent of the risks involved in the participation of athletic activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To compete in Sopris Barracuda activities is entirely a voluntary action on my part. I fully understand that I must comply with the rules and regulations of the Team, Glenwood Springs Community Center, Colorado Swimming and USA Swimming.***

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_