**CONSENT FORM FOR MINORS (17 YEARS OLD AND UNDER) TO PARTICIPATE IN AN OPEN WATER COMPETITION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize my child to participate in the Open

Water event that is being hosted as part of the 2015 Canadian Age Group Championships. I consider my child to be of sound health and mind to register for this open water competition. I absolve the organizing committee and Swimming Canada/ Club de Natation Région de Québec of all responsibility to any personal harm that may happen as a result of this competition and accept the risks inherent with this type of competition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_

(Name of person 17 years and under) (Age)

Date of birth \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Day month year)

To be held on: August 3, 2015 in Lac Beauport, QC

Hosted by **Swimming Canada and Club de Natation Région de Québec**

This competition is sanctioned by the Swimming Canada.

Name of coach:

Emergency contact:

Emergency Contact Telephone number:

Other medical / health information that you feel is important for those that may need to administer First Aid (please do not write anything if no health problems)

Signature of parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2015.

This is necessary due to the inherent risks of Open Water swimming. Your answers will permit us to better help you in case of emergency. Only the Organizing Committee will have access to the information provided below and will be destroyed after the competition

**Return to azevnik@swimming.ca**

**FORM AUTHORIZING A PERSON (18 YEARS OLD AND OLDER) TO PARTICIPATE IN AN OPEN WATER COMPETITION**

Please fill out this questionnaire. This is necessary due to the inherent risks of Open Water swimming. Your answers will permit us to better help you in case of emergency. Only the Organizing Committee will have access to the information provided below and will be destroyed after the competition.

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#### Name of the competition: 2015 Canadian Age Group Championships

Date of the competition: August 3, 2015

Your name:

Name of coach:

Emergency contact:

Emergency Contact Telephone number:

Other medical / health information that you feel is important for those that may need to administer First Aid (please do not write anything if you have no health problems)

I consider myself to be of sound health and mind to register for this open water competition. I absolve the organizing committee and the Swimming Canada/ Club de Natation Région de Québec of all responsibility to any personal harm that may happen as a result of this competition and accept the risks inherent with this type of competition.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to azevnik@swimming.ca**