



PARKS & RECREATION  
CITY OF EL PASO

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PARKS AND RECREATION DEPARTMENT AQUATICS DIVISION  
GUS & GOLDIE SUMMER SWIM LEAGUE PROGRAM  
PARENT/PARTICIPANT ACKNOWLEDGEMENT**



**TEAM NAME**

The goal of the Summer Swim League Program is to stimulate an interest in competitive swimming and provide a means through which youth may learn leadership, the principles of good sportsmanship, values of physical fitness, advanced aquatic skills, encourage and develop teamwork, establish a love for the sport of swimming, and community spirit. Applicants and/or coaches who desire a more intense practice and more intense level of training and competition should seek a higher level of league such as the U.S.A.S. Swim Clubs and high school teams.

I (Parent/Participant) hereby acknowledge that my child/I will be participating in the Summer Swim League Program, sponsored by the City of El Paso Parks and Recreation Department Aquatics Division, and by doing so, I further acknowledge that I have read and understood the **Rules and Procedures for Participation**, and as a participant I understand that violating any of the rules I, and or my team will be subject to penalties set forth in the rules, to include expulsion from the league. I am also aware that I may obtain a copy of the same from the City of El Paso Parks and Recreation web page [http://www.elpasotexas.gov/parks/summer\\_leagues.asp](http://www.elpasotexas.gov/parks/summer_leagues.asp).

I (Parent/Participant) verify that my child has not swam for a USS Swim Team after March 31 of this year.

I (Parent/Participant) acknowledge that my child can swim at least 25 yards unassisted in the pool. I further understand that if the coach determines that my child does not meet swim team requirements that my child may enroll in swim lessons, and that I am not entitled to a refund.

The age of the child will be the day of the Private/Public Championship Meet.  
If address or last name is different from the other participant (s), complete an additional parent/participant acknowledgment form.  
Participant(s) may ONLY register for ONE TEAM.

**Please Print Legibly and Parent Must Sign Bottom**

Parent's Name (print)	Parent Signature If under 18 years of age	Date		
Address	City	State	Zip code	Phone number

Last name,	First name	M F Sex	____ / ____ / ____ Date of Birth	Participant Signature
Last name,	First name	M F Sex	____ / ____ / ____ Date of Birth	Participant Signature
Last name,	First name	M F Sex	____ / ____ / ____ Date of Birth	Participant Signature
Last name,	First name	M F Sex	____ / ____ / ____ Date of Birth	Participant Signature
Last name,	First name	M F Sex	____ / ____ / ____ Date of Birth	Participant Signature