

signs of sudden cardiac arrest to the healthcare provider doing the medical examination. I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Parent/Guardian Signature _____

Date _____

Additional Information Sheets:

Concussion and Head Injury Information:

<https://drive.google.com/file/d/1WPWOkQQBG350pRQTD0aMYUuLCGfVljVs/view?usp=sharing>

PLEASE CHECK THE EVENTS YOU WISH TO PARTICIPATE IN AT THIS MEET.

Participants are limited to competing in three (3) events.

You may only compete in your age group.

AGE GROUP: Check One.	Girls 3-4	Girls 5-8	Girls 9-10	Girls 11-12	Girls 19+
	Boys 3-4	Boys 5-8	Boys 9-10	Boys 11-12	Boys 19+

EVENTS: All events are 25 yards. Choose up to 3:

Lifejacket Kick	Noodle Kick	Inner Tube Kick	Freestyle	Backstroke	Breaststroke
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AGE GROUP: Check One.	Girls 13-14	Girls 15-18	Boys 13-14	Boys 15-18
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EVENTS: All events are 25 yards unless noted. Choose up to 3:

Lifejacket Kick	Noodle Kick	Inner Tube Kick	Freestyle	50 yd Freestyle	Backstroke	Breaststroke
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