



Athlete Release Form

If you are picking your child up from the Long Island Aquatic Center on Saturday, August 6th, please fill out this form and return it to the Team Manager or designated chaperone by Friday, August 5th 2016.

Athlete's Name _____ Age _____ Club Team _____

Name of Parent _____ Phone (_____) _____

Address _____ Town _____ Zip _____

Circle athlete's original departure location:

Richmond

Stafford

Newport News

I understand that I cannot remove my child from the Virginia Zone Team until after the 11 and older finals session of the Eastern Zone Long Course Age Group Championship Meet and team banquet has concluded on Saturday night August 6th, 2016. At that time Virginia Swimming Inc. and USA Swimming, are no longer responsible for my child and I assume all responsibility.

Signature of Parent _____ Date _____