



Athlete Release Form

Please fill out this form and return it to the Team Manager or designated chaperone:

Athlete's Name _____ Age _____ Club Team _____

Name of Parent _____ Phone (_____) _____

Address _____ Town _____ Zip _____

Circle athlete's original departure location:

Richmond

Stafford

Newport News

Charlottesville

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 has concluded on Saturday night August 11, 2012. At that time Virginia Swimming Inc. is no longer responsible for my child and I assume all responsibility.

Signature of Parent _____ Date _____