**Kamehameha Swim Club Tryout form**

Athlete Name:

Birth Date: Age:

Parent/Guardian Name:

Phone: (H) (C) (W)

Email:

Are you a Oahu Club Member? ( )Yes ( ) No

Previous USA swim team experience? ( )Yes ( )No

Have you taken swim lessons at the Oahu Club? If so, Instructors name:

If I do not name a doctor or if she/he cannot be contacted, I authorize the Oahu Club to contact any available doctor for treatment at my expense. In making this application, I agree to observe all rules and regulations established by the Oahu Club. In using this facility, I agree that I, my family members, and my guest assume the risk of any damages or injury suffered in connection with or while engaged in any projects, function, or activates of the club and in regards, I agree to hold harmless life pot Hawaii co. ltd, the Oahu Club and the trustees of the Bernice Pauahi Bishop Estates and each of their parent, subsidiary and affiliated companies, agents, and employees. Their predecessors, successors and assign from any and all claims, demands suits actions, cost or cause of any kind of character arising from use.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_