

2018 GRPA DISTRICT A/B/C SWIM MEET
Tift County Recreation Department
Baldwin Drive Aquatic Center
Tifton, GA.

JULY 7, 2018

ENTRY SUMMARY AND WAIVER FORM

Team Name: _____ **ABBREV.** _____

Coaches: _____ **Mail Results to:** _____

Team Address _____ **Zip** _____

Phone: _____ **E-Mail :** _____

Cell Phone: _____

Entry Recap:	# of Swimmers	Ind. Event	Relay Teams	Mixed Relay s
7 & 8 Girls	_____	_____	_____	_____
7 & 8 Boys	_____	_____	_____	_____
9 & 10 Girls	_____	_____	_____	_____
9 & 10 Boys	_____	_____	_____	_____
11 & 12 Girls	_____	_____	_____	_____
11 & 12 Boys	_____	_____	_____	_____
13 & 14 Girls	_____	_____	_____	_____
13 & 14 Boys	_____	_____	_____	_____
15 - 18 Girls	_____	_____	_____	_____
15 - 18 Boys	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____
	X \$ 1.00	X \$ 7.00	X \$15.00	X \$15.00

I, the undersigned coach or team representative, certify that all swimmers on the enclosed entry and all coaches listed above are eligible by the swimming rules in the current edition of the GRPA Athletic Manual. I acknowledge that I am familiar with the safety rules of USA Swimming and Georgia Swimming, Inc. regarding warm-up procedures and that I shall be responsible for the compliance of my swimmers with those rules during this meet.

I the undersigned, in consideration of our being accepted as entrants in the State Swim Meet, do hereby for ourselves, our heirs executors, and administrators, waive, release, and forever discharge any and all rights and claims for any injury or damages which we have or hereafter accrue to us against Tifton, Tift County or the Tifton Tidal Wave Swim Team in connection with this swim meet.

Team Official: _____ **Date:** _____

Mail Entries and Check To:
Tift County Recreation Department
Attention: Swim Meet
PO Box 6
Tifton, GA. 31793