



Permission Form 2010~2011

Swimmer's name: _____

Beaconsfield Synchro	
Information Permission	
By signing this, I agree that the information provided to the club can be distributed to the rest of the members for emergency contact purposes.	
permission to distribute email: yes: _____ no: _____	
Parent's Name:	
Signature:	Date:
permission to distribute phone#: yes: _____ no: _____	
Parent's Name:	
Signature:	Date:
Beaconsfield Synchro	
Photo Permission	
By signing this, I give permission for my daughter's picture to be posted tastefully on the club's website, for promotional purposes.	
Parent's Name:	
Signature:	Date: