

Electric Eels Swim Team

Duanesburg Area Community Center
221 Victoria Drive
Delanson, NY 12053
Phone: (518) 895-9500

Dear Parents:

Please review the notices below sign, and return the completed form to D.A.C.C. with your swim team registration.

Thanks for your continued cooperation.

Jennifer Dixon, Aquatics Director

Publication Release

I understand that swim meets and activities of the Duanesburg Electric Eels in which my child may be a participant could be the subject of coverage by the news media or the team's photographer.

I understand that such coverage may result in my child's statements and/or photograph appearing in the local media or in D.A.C.C. and swim team publications, or in my child's videotaped statements and/or activities appearing on a commercial or public television station.

I also understand that the team will be posting pictures of the swim team members within the pool area.

____ I have no objection to my child being included in the coverage of a swim team program and activity, and agree to this occurring as indicated above.

____ I object to my child being included in media coverage related to swim team programs and activities.

Release of Phone Number

We will also publish a Swim Team directory for parents to use to contact other swim team members for carpooling or other purposes.

We are asking your permission to release your phone number to the other members of the team in order to accommodate such needs. (We do not, of course, release unlisted phone numbers.)

____ I give permission for my phone number to be released as indicated above.

____ I do not want my phone number released.

Child's Name

Parent Signature

Date