

Medical Release

I/We the undersigned, parent(s) or legal guardian(s) of the following swimmers, (please print or type):

do hereby certify that he/she/they are of good physical condition and fit for participation in the activities of Lake of the Pines Piranhas Swim Team. I/We understand these activities include aerobic exercises, swim workouts, swim meets, and other activities routinely associated with the development and participation in recreational swimming functions (activities may include transportation to and from meets and swim related social functions). The undersigned shall jointly and severally hold Lake of the Pines Piranhas Swim Team, all officers, agents, and employees of Lake of the Pines Swim Team harmless from any and all liabilities for personal injury and property damage which might arise out of or relate to the conduct of participation in the activities of Lake of the Pines Swim Team. I/We fully understand the risks associated with physical activities such as swimming and hereby give our permission for participation to the above participant(s) for whom we are the legal parent(s) or guardian(s). I/We also hereby agree to the provision of emergency medical procedures/treatments that may be required due to illness or injury which might arise out of the participation in the activities of Lake of the Pines Piranhas Swim Team through a licensed hospital or medical facility or through the family physician listed.

Please list all special medical conditions:

X

Signature

Date

Name (Print or Type)

Relationship to Swimmer(s)

Home Phone

Cell / Other Phone

Medical Insurance Company

Primary Holder Name

Group Number

/

ID Number

Insurance Company Phone Number

EMERGENCY INFORMATION

Primary Contact

Telephone(s)

Alternate Contact

Telephone(s)

Swimmer 1 – Doctor

Address

Phone

Swimmer 2 – Doctor

Address

Phone

Swimmer 3 – Doctor

Address

Phone