NEW SOUTH SWIMMING

MEDICAL INFORMATION AND RELEASE FORM

Parents/Guardians: Please complete a separate form for EACH swimmer.

SWIMMER'S NAME: _____ _____ _____
(Last) (First) (Middle)

ADDRESS: _____

HOME PHONE NUMBER:_____ **DATE OF BIRTH**_____

PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY:

Parents: Mother_____Work Phone _____ Cell Phone _____

Father_____ Work Phone _____ Cell Phone _____

Please indicate persons other than yourself that the staff may contact in an emergency:

Name: _____ Phone: Work _____
Relationship: _____ Home_____
Cell_____

Name: _____ Phone: Work _____
Relationship: _____ Home_____
Cell_____

I (we) hereby give our permission for _____ to participate in practice and travel with the New South Swimming club to local and out of town meets throughout the current swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of NSS nor any chaperone or volunteer working with or traveling with the group personally liable for any accident which may occur.

In case of a minor emergency to our child (cuts, scratches, headache, etc.), I (we) give permission to the coaches or chaperones to treat these as they deem necessary. In the event of a more serious emergency, I (we) give permission for it to be handles in the best manner as determined by the chaperones or coaches of NSS until I am able to be contacted.

Date:_____ _____(signature)
Parent/Legal Guardian

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TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the coaches or chaperones of NSS to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

Date:_____ _____(signature)
Parent/Legal Guardian

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Give pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, aspirin (yes or no), etc.): _____
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