

**WAVES OF WILMINGTON SWIM TEAM  
TRAVEL AND MEDICAL RELEASE**

To be completed by parent or guardian of children 18 years of age and younger. This application must be completed in full and returned to the COACH before the swimmer may participate in team-sponsored activities.

Name:\_\_\_\_\_ Age: Date:\_\_\_\_\_  
Address:\_\_\_\_\_ Phone:\_\_\_\_\_

Parent's/Guardian's Name:\_\_\_\_\_

Father's Work Phone:\_\_\_\_\_ Mothers Work  
Phone:\_\_\_\_\_

Name of Physician:\_\_\_\_\_ Phone:\_\_\_\_\_

Name of Insurance Company:\_\_\_\_\_ Phone:\_\_\_\_\_

Policy Number:\_\_\_\_\_ Group Number:\_\_\_\_\_

**RELEASE CLAUSE**

I, (we) the undersigned parent or guardian of the above applicant for participation in swim meets and team-sponsored activities, do hereby release and discharge the Waves Of Wilmington SWIM TEAM, and its authorized representatives and staff from all liability of any kind and character upon any claim, demand or cause action which might be asserted in behalf of said minor against said TEAM, REPRESENTATIVES, OR STAFF.

I (we) do hereby give permission for \_\_\_\_\_ (child's name) to be treated medically or surgically and to be administered anesthesia in case of emergency according to the discretion of the licensed medical physician and/or the COACH or DESIGNATED TEAM REPRESENTATIVE.

Parent's Signature:\_\_\_\_\_

Date of Signatures:\_\_\_\_\_