

**Niagara LSC Swimming
2011 Long Course Zone Team Medical Release Form**

Name of Swimmer: _____ Date: _____

PARENTAL CONSENT

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Niagara LSC Zone Team. If the swimmer is 18 years of age or older, the swimmer must also sign this form.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____
(NAME OF THE SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH
WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE NIAGARA
LSC SWIMMING AND IT'S COACHING STAFF & REPRESENTATIVES PERMISSION TO ACT ON MY
BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR
CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I
GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS
DEEMED NECESSARY. I ABSOLVE NIAGARA LSC SWIMMING AND IT'S COACHING STAFF &
REPRESENTATIVES FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Participant Signature (if over the age of 18): _____

Parent/Guardian Signature: _____

Home Phone: _____ Parents Daytime Phone: _____

If parents are not available, please call the person designated below:

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____ Relationship: _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc., which may be needed in rendering medical treatment:

Parent/Guardian Insurance Information: _____

Company Name: Policy #: _____

Address Phone: _____

Please Mail Complete Form to Adam Zaczkowski, PO Box 54, DeWitt, NY 13214-0054