



Medical Information & Emergency Release

Swimmer's Name: _____ Home Phone: _____

Mother's Name: _____ Work #: _____ Cell# _____

Father's Name: _____ Work #: _____ Cell# _____

List any pertinent health or medical information and instructions: (allergies, asthma, prescriptions, etc).

IN CASE OF EMERGENCY, the following persons may be contacted if the parents cannot be reached:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

Participation Permission and Authorization to Treat a Minor

I/we, the undersigned, certify that I/we am/are the parent(s) or guardian(s) of the above named child that he/she is in good physical condition. I/we give our child permission to participate in the TVA swim program; to participate in practice, socials and travel with Tri-Valley Aquatics (TVA) to local and out-of-town meets throughout the current swim season. Although I/we expect all reasonable safety procedures to be followed, I/we will not hold the coaches of TVA nor any chaperones or volunteers working with, or traveling with TVA personally liable for any accident which may occur.

I/we agree to assume full responsibility for any injuries incurred by him/her in connection with such participation. I/we further authorize TVA to have my child treated in case of my absence. If I/we am/are unable to be reached, I/we hereby authorize the physician or hospital to which my child is taken to perform all medical services or to have such medical services performed which in the opinion of the physician or hospital are reasonably necessary to the care of my minor child.

In case of minor emergency (scratches, cuts, headaches, 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 handled in the best manner as determined by the TVA coaching staff or chaperones until I am able to be contacted.

TO THE ATTENDING PHYSICIAN OR HOSPITAL:

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

Subscriber's Name: _____

Insurance Company: _____ Policy# _____

Doctor's Name: _____ Dentist Name: _____

Phone # _____ Phone # _____

Parent/Guardian Printed Name: _____	Printed Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____