

**LARKEY SWIM TEAM
MEDICAL CONSENT (one form per swimmer)**

Swimmers Name: _____

Age (as of June 15): _____ Date of Birth: _____

Address: _____

Home Phone: _____ Family e-mail address: _____

Parent/Guardian Cell Phone: _____ Name: _____

I agree to assume full responsibility for any injuries incurred by my child's participation. I hereby waive all claim or claims against Larkey Private Swim Club, its agents and/or employees for personal injury to myself or my children while participating in Larkey swim team events. I further indemnify and hold harmless Larkey Private Swim Club, its agents and employees from any claim or claims for personal injury or property damage against said entity arising from any activity by myself or my child(ren) which causes such injury or damage. I hereby authorize you to call the family physician listed below in case of emergency and request that I be contacted. If you are unable to reach me, I authorize the Physician or Hospital to whom my child is taken to perform all medical services or to have such medical services performed which in the opinion of Physician or Hospital are reasonably necessary to the care of my child.

I authorize the team manager / or designee into whose care the above child has been entrusted to consent to any emergency X-ray examination, anesthetic, medical dental, surgical diagnosis, treatment, and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a licensed Physician, surgeon or licensed dentist.

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Health Insurance Co. and Policy No. : _____

Allergies: _____ Other medical conditions: _____

Parents Work Phone: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____