I/we \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent(s) or guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my/our consent for, and authorize **Northern Lights Swim Club** or its agents to give permission for, emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the abovenamed youth in the event of the youth’s injury or illness, by a physician, qualified nurse, emergency medical technician, and/or hospital during all periods of time in which the youth is away from his/her legal parents or guardians as a member of **Northern Lights Swim Club**. Further, I/we waive, on behalf of myself/ourselves and the above-named youth, any legal claim against **Northern Lights Swim Club** and its employees, board members, volunteers, or participants, arising out of such medical treatment. Further, I/we will assume the cost of the necessary medical and Hospital care.

I/we understand that swimming is an athletic sport and could result in serious injury, paralysis, or death. I/we, the parent(s) or guardian(s) of the above-named youth hereby give my/our approval for him/her to participate in any and all **Northern Lights Swim Club** activities. I/we assume all the risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive and release any legal claim against **Northern Lights Swim Club** and its employees, board members, volunteers, and participants, arising out of any injury to my/our child occurring or resulting from any and all **Northern Lights Swim Club** activities, whether the result of negligence or from any other cause.

*By signing below, I/we acknowledge that I/we have read, understand, and agree to the above.*

Signature of Parent or Guardian, Father: Date:

Signature of Parent or Guardian, Mother: Date:

# Medical Information Form

Name of **Swimmer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer’s **Doctor:** Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Medical Insurance

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:

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

# Emergency Contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all of the allergies to medications, food, animals, or otherwise that Northern Lights Swim Club should know about:

List any medical problems, regularly taken medications or other medical history: