

Swimmer's Medical Information

Insurance Provider _____ Policy # _____

Doctor: _____ Phone: _____

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required. It is understood that I will accept the expense of this service.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name _____ phone _____

1. Is this swimmer allergic to any food/medication or latex? _____
2. Are there any physical/medical conditions that we should be aware of and what precautions should be taken? _____
3. Is this swimmer taking any medications or inhaler that we should be aware of? _____
4. My child has permission to take ibuprofen.. YES NO
5. Date of last physical exam? _____

Informed Consent and Release of Liability

I _____ the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries or death.

The parent/participant hereby agrees to participate in the Prescott Swim Team program and hereby agrees to indemnify and hold harmless the Prescott Swim Team, its coaches, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Prescott Swim Team program. The parent/participant also agrees to indemnify the Prescott Swim Team for any damages incurred arising from any claims, demand, action or cause of action by the participant.

I certify that my child is in good health and has no physical condition that would prevent participation in this activity. Furthermore, I agree to use my child's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I have carefully read the above liability release and sign it with full knowledge of its contents and significance.

Parent/Guardian _____ Date _____

Participant _____ Date _____

Photo Permission

My signature below, gives permission for Prescott Swim Team to post pictures of my child/children on our team website. I give the PST webmaster permission to post **unidentifying** pictures for the purpose of promoting the Prescott Swim Team. Unidentifying pictures means that there will be no last names attached to any of the photos posted. Pictures will be acquired from swim meets, fund-raising events, sponsor visits and other practice or team events. Photos may be submitted to the webmaster for posting by any PST member. PST webmaster makes the promise to not post any photo that deems itself inappropriate, and agrees to post only photos that are in good taste and reflect the wholesome sport of swimming.

Parent/Guardian _____ Date _____