



**NEW SWIMMER  
MEDICAL RELEASE,  
PHOTO RELEASE, AND  
NO BULLYING POLICY**

*For office use only*  
Today's Date: \_\_\_\_\_  
End of Trial: \_\_\_\_\_

**Turn this form in to the Head Coach before your child gets in the pool.**

This form needs to be completed **BEFORE** the child begins their trial period. At the completion of the trial, your intentions must be declared to the Head Coach to either join or discontinue swimming with the Prescott Swim Team. Team Registration Forms must be completed and Membership Fees are due before your child swims again, this includes submission of the child's birth certificate. Instructions for registering are on the Welcome to PST letter. Your membership will begin on the 1<sup>st</sup> of the month that follows this trial period or can start in the middle of the month, but please note there is no pro-rating of fees for a partial month. Check our website for more details about PST: [www.prescottswimteam.com](http://www.prescottswimteam.com)

Swimmer's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

In case of injury or sudden illness, \_\_\_\_\_ will be called first at this phone number \_\_\_\_\_. 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.

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.

(Informed Consent and Release of Liability continued)

*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** \_\_\_\_\_

**Important:** We encourage parents of young children to remain on deck during practice. Parents should pick children up inside the pool area as the College is an open campus and it is not advisable for children to wait outside for their ride home. Thank you for your cooperation. Please do not use the side door to enter or exit the pool area, you must go through the locker rooms.

### **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 it deems inappropriate, and agrees to post only photos that are in good taste and reflect the wholesome sport of swimming.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **NO BULLYING POLICY**

My signature below indicates that I have read and agree to the definitions of bullying in the No Bullying Policy and agree to uphold the No Bullying Policy of the Prescott Swim Team.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_