

# EAST BAY AQUATICS ASSOCIATION EMERGENCY & CONSENT FORM

\_\_\_\_\_  
**Swimmer's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Is your child taking any medications? If yes, please explain (use additional sheets if necessary):**  
\_\_\_\_\_

**Does your child have any medical conditions? (Such as, but not limited to: heart disease, diabetes, allergies, asthma, convulsive disorder, severe allergic reaction to a bee sting...) If yes, please explain and use additional sheets if necessary.**  
\_\_\_\_\_

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

Name	Relationship to child	Phone Number
1. _____	_____	_____
2. _____	_____	_____

### Permission to Participate – Medical Release - One signature is required

The undersigned, parent(s) or legal guardian(s) of \_\_\_\_\_ certify that he/she is of good physical condition and is fit for participation in the activities of East Bay Aquatics Association. I/We understand these activities include aerobic exercises, swim workouts, swim meets, and other activities routinely associated with the development and participation in USA Swimming functions (activities may include transportation to and from meets and swim related social functions). The undersigned shall jointly and independently hold East Bay Aquatics Association, all officers, agents, and employees of East Bay Aquatics Association harmless from any and all liabilities for personal injury and property damage which might arise out of or relate to the conduct of participation in the activities of East Bay Aquatics Association. I/We fully understand the risks associated with physical activities such as competitive swimming and hereby give my/our permission for participation to the above participant for whom we are/I am the legal parent(s) or guardian(s). I/We also hereby agree to the provision of emergency medical procedures that may be required due to illness or injury which might arise out of the participation in the activities with East Bay Aquatics Association to provide emergency medical treatment through a fully licensed hospital or through the family physician or dentist listed. I/We authorize transportation of my/our child by ambulance in an emergency. Further, I/We agree to pay all costs associated with such medical care and emergency transportation.

\_\_\_\_\_  
Signature Relationship to Swimmer Date

\_\_\_\_\_  
Signature Relationship to Swimmer Date