

Boca Raton Swim Team
MEDICAL RELEASE
Travel Form

Name of Swimmer: _____ Date: _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer who will participate in activities or services provided by Boca Raton Aquatics, Inc. d/b/a Boca Raton Swim Team (hereinafter "Boca Raton Swim Team"). If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____ (NAME OF SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION THAT WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE BOCA RATON AQUATICS, INC. d/b/a BOCA RATON SWIM TEAM AND ITS COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE BOCA RATON AQUATICS, INC. AND IT'S COACHING STAFF AND EMPLOYEES FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Participant Signature (if over the age of 18)

Parent/Guardian Signature

Home Phone

Parent's/Guardian's Daytime Phone

If parents are not available, please call the person designated below:

Name: _____

Address: _____ Phone: _____

Relationship: _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc. that may be needed in rendering medical treatment:

Parent/Guardian Insurance Information:

Company Name: _____

Policy No./Group No. _____

Address: _____

Phone No. _____
