

**Jennings County Swim Club (JCSC)
2020-2021 Health History Update
Questionnaire and
Consent & Release Certificate**

Health History Update Questionnaire

Swimmer: _____ Age: _____

Since the last JCSC swim practice/event, has your son/daughter:

- | | | |
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| 1. Been medically advised not to participate in a sport? | Yes _____ | No _____ |
| 2. Been diagnosed with COVID-19? | Yes _____ | No _____ |
| 3. Sustained a concussion, been unconscious or lost memory? | Yes _____ | No _____ |
| 4. Fainted or blacked-out? | Yes _____ | No _____ |
| 5. Experienced chest pains, shortness of breath, or had any heart issues? | Yes _____ | No _____ |
| 6. Had a history of unusual fatigue or unusual tiredness? | Yes _____ | No _____ |
| 7. Been hospitalized or had a surgery? | Yes _____ | No _____ |

Consent & Release Certificate

I consent to my child's participation in practices and events sponsored by JCSC, USA Swimming, and its local swimming committees. I am agreeable to the following:

I acknowledge that I am aware there are risks to my child of exposure directly or indirectly arising from:

- An outbreak of any and all communicable diseases, including but not limited to, the Coronavirus Disease (COVID-19) and/or any mutation or variation of it.

I am aware of and willing to assume the risks associated with this activity. I voluntarily agree to waive, hold harmless, and indemnify JCSC from any and all claims.

Parent Signature _____ Date _____