



Fishers Area Swimming Tigers Emergency Medical Release Form

September 2022 – August 2023

Name of Swimmer _____ Date _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Fishers Area Swimming Tigers (FAST). If the swimmer is 18 years 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 WHICH WOULD IMPAIR PARTICIPATION IN THIS PROGRAM. IN
 CASE OF INJURY, I HEREBY GIVE THE FISHERS AREA SWIMMING TIGERS AND ITS
 COACHING STAFF OR MY CHILD'S CAREGIVER 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 FISHERS AREA SWIMMING TIGERS AND ITS
 COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

 Participant Signature (if over the age of 18)

 Parent / Guardian Signature

 Home Phone Number

 Parent Cell Phone or Work Phone Number

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

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Additional information which may be needed in rendering medical treatment (medical history, allergies, drug reactions, medications, etc.):

 Family Physician's Name

 Physician's Phone Number

Parent / Guardian Insurance Information (Please provide copy of your insurance card)

 Health Insurance Carrier

 Name of Policy Holder

 Policy / Group / Claim Number

 Phone Number