

**Medical Release Form**

Name of Swimmer: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the East Grand Rapids Aquatics swim club for travel trips. 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 THE SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE EAST GRAND RAPIDS AQUATICS AND IT'S 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 EAST GRAND RAPIDS AQUATICS AND IT'S 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: \_\_\_\_\_ Parents Daytime Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Parent/Guardian Insurance Information (Include copy of insurance card please):

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

