



SwimMAC MEDICAL WAIVER

Revised June 2021

I give permission for the registered athlete(s) listed below to participate in practice and travel with SwimMAC Carolina to local and out-of-town meets throughout the current swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches and staff of SwimMAC Carolina, nor any chaperone or volunteer working with or traveling with the group, liable for any accident, which may occur.

I permit the coaches, chaperones or volunteers to treat minor incidents (including, but not limited to: cuts, scratches, headaches, motion sickness, etc.), as they deem necessary. In the event of a more serious emergency, I grant permission for the coaches, staff, chaperones or volunteers to take immediate action, as they deem necessary until I can be contacted.

TO ATTENDING PHYSICIAN OR MEDICAL FACILITY: Permission is granted for you to provide care as medically necessary for the athlete(s) listed below until you or the coaches, staff, chaperones or volunteers of SwimMAC are able to reach us for consultation.

Athlete(s) Information:

_____	_____	_____
First Name	Last Name	DOB
_____	_____	_____
First Name	Last Name	DOB
_____	_____	_____
First Name	Last Name	DOB

Parent/Guardian Information:

_____	_____	_____
First Name	Last Name	Relationship
_____	_____	
Cell Phone	Alternate Phone	
_____	_____	_____
First Name	Last Name	Relationship
_____	_____	
Cell Phone	Alternate Phone	