

Athlete Medical Release

Part I

In the event of an accident, injury, or illness, I hereby give permission to the Weymouth Club Waves coaching staff to seek medical treatment on behalf of my child, _____, at a nearby hospital, and authorize any medical treatment (including surgery) requiring the use of local or general anesthetic. This authorization shall be in effect for as long as my child is participating in and/or traveling on a team trip or involved in a team activity. Furthermore, I, the undersigned, will assume full responsibility for all medical costs incurred by my child. I also agree to waive and release the Weymouth Club, the Weymouth Club Waves, and its employees from all rights and claims for damages, injury or loss to person or property which may be sustained during the swimmer's participation in the meet or during a Weymouth Club Waves activity.

(Signature of Parent or Guardian)

(Date)

Part II

Swimmer's Name: _____

Parent's Names: _____

Work Phone: _____

Home Address: _____

Home Phone: _____

Cell/Pager Number: _____

Medical Insurance Company: _____

Policy/Group Number: _____

Insurance Co. Phone Number: _____

Physician/ Pediatrician Name: _____

Physician/ Pediatrician phone number: _____

*Please list any conditions/ allergies your child has that the coaching staff should be aware of below:



