**Niagara LSC Swimming**

**2015 Long Course Zone Team 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 Niagara LSC Zone Team. 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 NIAGARA LSC SWIMMING AND IT’S COACHING STAFF & REPRESENTATIVES 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 NIAGARA LSC SWIMMING AND IT’S COACHING STAFF & REPRESENTATIVES 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: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

City/State/Zip: Relationship:

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

Parent/Guardian Insurance Information:

Company Name: Policy #:

Address & Phone:

**Please Mail Completed Form Immediately to:**

Niagara Zone Team c/o Christine Regelsberger, 20 Bright Oaks Circle, Rochester, NY 14624