

**Niagara LSC Swimming
2012 Short 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 Complete Form to Adam Zaczkowski, PO Box 54, DeWitt, NY 13214-0054