Niagara LSC Swimming
2013 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 Completed Form to Adam Zaczkowski, PO Box 54, DeWitt, NY 13214-0054