

LAA Medical Authorization & Liability Release

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF,

swimmer1: _____ Date of Birth: _____

swimmer2: _____ Date of Birth: _____

swimmer3: _____ Date of Birth: _____

swimmer4: _____ Date of Birth: _____

IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE THE LOS ALAMOS AQUATOMIC SWIM TEAM AND ITS COACHING STAFF 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 LOS ALAMOS AQUATOMIC SWIM TEAM AND ITS COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Signature of Parent or Guardian: _____ Date: _____

Medical Physician Contact Information

Family Physician's Name: _____ Phone #: _____

Medical Insurance

Los Alamos Aquatomics requires that all swimmers be insured.

Insurance Company: _____ ID#: _____

Liability Release

By registering my child(ren) or self with the Los Alamos Aquatomics, I agree to participate (or allow my child(ren) and family members to participate) in the Los Alamos Aquatomics swim program, and hereby release Los Alamos Aquatomics, its board of directors, officers, agents and coaches from liability for any injury that might occur to my child(ren), family members, and self while participating in the Los Alamos Aquatomics program, including travel to and from training sessions, swim meets, or other scheduled team activities. I agree to indemnify and hold harmless the above mentioned organization and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injury resulting in death to me, my child(ren), and/or other family members, or damage to my property, the property to my child(ren)/or other family members, or both, while I (or my child/ren or family members) participate in the Los Alamos Aquatomics program.

Signature of Parent or Guardian: _____ Date: _____

Swimmer 1: Medical Information (All information will remain confidential)

Swimmer name: (last) _____ (first) _____ (M.I.) _____

Date of Birth: _____ Sex: _____ Age: _____

Please circle "YES" or "NO" and provide additional details for "YES" answers.

1. Swimmer allergic to any medication (aspirin, penicillin, sulfa, etc.)? NO YES
(list) _____

2. Does swimmer have other allergies (peanuts, gluten, insect bites, etc.)? NO YES
(list) _____

3. Does swimmer take any prescribed medication on a permanent or semi-permanent basis?
NO YES (list and give reason) _____

4. Does swimmer have, or ever had, any of the following diseases? NO YES

- Heart disease (heart murmur, rheumatic fever, other)
- Lung disease (pneumonia, other)
- Kidney disease (infections, other)
- Liver disease (mononucleosis, hepatitis, other)

(give name and date) _____

5. Has swimmer ever been told by a doctor that they have asthma? NO YES
(list any medication) _____

6. Does swimmer wear glasses or contacts? NO YES

7. Has swimmer had a shoulder injury in the past two years that disabled them for a week or longer (dislocation, separation, etc.)? NO YES

Type of injury _____ right or left? _____ Dates _____

8. Has swimmer ever had shoulder surgery? NO YES

What was done and why? _____

right or left? _____ Dates _____

9. Does swimmer have any other conditions that we should be aware of (i.e. tendonitis, hearing loss, learning or behavioral concerns, physical limitations, etc.)? NO YES
(Specify and give details) _____

Swimmer 2: Medical Information (All information will remain confidential)

Swimmer name: (last) _____ (first) _____ (M.I.) _____

Date of Birth: _____ Sex: _____ Age: _____

Please circle "YES" or "NO" and provide additional details for "YES" answers.

1. Swimmer allergic to any medication (aspirin, penicillin, sulfa, etc.)? NO YES
(list) _____

2. Does swimmer have other allergies (peanuts, gluten, insect bites, etc.)? NO YES
(list) _____

3. Does swimmer take any prescribed medication on a permanent or semi-permanent basis?
NO YES (list and give reason) _____

4. Does swimmer have, or ever had, any of the following diseases? NO YES

- Heart disease (heart murmur, rheumatic fever, other)
- Lung disease (pneumonia, other)
- Kidney disease (infections, other)
- Liver disease (mononucleosis, hepatitis, other)

(give name and date) _____

5. Has swimmer ever been told by a doctor that they have asthma? NO YES
(list any medication) _____

6. Does swimmer wear glasses or contacts? NO YES

7. Has swimmer had a shoulder injury in the past two years that disabled them for a week or longer (dislocation, separation, etc.)? NO YES

Type of injury _____ right or left? _____ Dates _____

8. Has swimmer ever had shoulder surgery? NO YES

What was done and why? _____

right or left? _____ Dates _____

9. Does swimmer have any other conditions that we should be aware of (i.e. tendonitis, hearing loss, learning or behavioral concerns, physical limitations, etc.)? NO YES
(Specify and give details) _____

Swimmer 3: Medical Information (All information will remain confidential)

Swimmer name: (last) _____ (first) _____ (M.I.) _____

Date of Birth: _____ Sex: _____ Age: _____

Please circle "YES" or "NO" and provide additional details for "YES" answers.

1. Swimmer allergic to any medication (aspirin, penicillin, sulfa, etc.)? NO YES
(list) _____

2. Does swimmer have other allergies (peanuts, gluten, insect bites, etc.)? NO YES
(list) _____

3. Does swimmer take any prescribed medication on a permanent or semi-permanent basis?
NO YES (list and give reason) _____

4. Does swimmer have, or ever had, any of the following diseases? NO YES

- Heart disease (heart murmur, rheumatic fever, other)
- Lung disease (pneumonia, other)
- Kidney disease (infections, other)
- Liver disease (mononucleosis, hepatitis, other)

(give name and date) _____

5. Has swimmer ever been told by a doctor that they have asthma? NO YES
(list any medication) _____

6. Does swimmer wear glasses or contacts? NO YES

7. Has swimmer had a shoulder injury in the past two years that disabled them for a week or longer (dislocation, separation, etc.)? NO YES

Type of injury _____ right or left? _____ Dates _____

8. Has swimmer ever had shoulder surgery? NO YES

What was done and why? _____

right or left? _____ Dates _____

9. Does swimmer have any other conditions that we should be aware of (i.e. tendonitis, hearing loss, learning or behavioral concerns, physical limitations, etc.)? NO YES
(Specify and give details) _____

Swimmer 4: Medical Information (All information will remain confidential)

Swimmer name: (last) _____ (first) _____ (M.I.) _____

Date of Birth: _____ Sex: _____ Age: _____

Please circle "YES" or "NO" and provide additional details for "YES" answers.

1. Swimmer allergic to any medication (aspirin, penicillin, sulfa, etc.)? NO YES
(list) _____

2. Does swimmer have other allergies (peanuts, gluten, insect bites, etc.)? NO YES
(list) _____

3. Does swimmer take any prescribed medication on a permanent or semi-permanent basis?
NO YES (list and give reason) _____

4. Does swimmer have, or ever had, any of the following diseases? NO YES

- Heart disease (heart murmur, rheumatic fever, other)
- Lung disease (pneumonia, other)
- Kidney disease (infections, other)
- Liver disease (mononucleosis, hepatitis, other)

(give name and date) _____

5. Has swimmer ever been told by a doctor that they have asthma? NO YES
(list any medication) _____

6. Does swimmer wear glasses or contacts? NO YES

7. Has swimmer had a shoulder injury in the past two years that disabled them for a week or longer (dislocation, separation, etc.)? NO YES

Type of injury _____ right or left? _____ Dates _____

8. Has swimmer ever had shoulder surgery? NO YES

What was done and why? _____

right or left? _____ Dates _____

9. Does swimmer have any other conditions that we should be aware of (i.e. tendonitis, hearing loss, learning or behavioral concerns, physical limitations, etc.)? NO YES
(Specify and give details) _____
