



Jesús Aguirre
Director

DC Wave Swim Team Medical & Emergency Information Form

Please fill out this form and bring with you on the first day of practice. Every athlete must have this form submitted before he/she can begin practicing with the DC Wave Swim Team.

Athlete's Name: _____

Does your child have any physical, mental, or medical conditions? (Circle One) Yes No

If yes, please explain in detail:

Health Insurance Carrier: _____

Policy Hold: _____

Group: _____ ID #: _____

Physicians Name: _____ Telephone Number: _____

I certify that my patient, _____, is of sound mind and body, and is of adequate health to participate in the DPR Aquatics exercise/swim program.

Physician Signature

Date

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone: _____



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Parks and Recreation



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General Child Release Waiver

The signature below certifies that all the information contained in my child's registration is correct and true. My signature also affirms my understanding that my child's participation in DPR programs and activities may present some risk of injury. DPR assumes no liability for injuries or damages that result from my child's participation in these programs or activities. I further grant DPR and its partner agencies and organizations permission to use my child's likeness and words to describe, promote, and publicize DPR programs.

General Adult Release Waiver

The signature below certifies that all the information contained in this registration is correct and true. My signature also affirms my understanding that participation in DPR programs and activities may present some risk of injury. DPR assumes no liability for injuries or damages that result from participation in these programs or activities. I further grant DPR and its partner agencies and organizations permission to use my likeness and words to describe, promote, and publicize DPR programs.

Medical Permission Form

Some DPR Programs and activities require a medical doctor's permission to participate. Medical forms must be submitted before the first day of the scheduled program or activity.

Parent/Guardian Name

Parent/Guardian Signature

Date