

# Medical Release Form

Swimmer's Name : \_\_\_\_\_ Date: \_\_\_\_\_

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the FISH Swim Team. If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

## MEDICAL RELEASE/PARENT CONSENT

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 MEET. IN CASE OF INJURY, I HEREBY GIVE THE FISH SWIM CLUB AND IT'S 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 THE FISH SWIM CLUB AND IT'S COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

\_\_\_\_\_  
Participant Signature (if over the age of 18)

\_\_\_\_\_  
Parent/Guardian Signature:

- **Parent/Guardian Cell Phone #:** \_\_\_\_\_
- **Parent/Guardian Daytime Phone #:** \_\_\_\_\_

If parents are not available, please call the person designated below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Parent/Guardian Insurance Information: (provide copy of insurance card – front and back)

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_