

LITTLE FINS - MEDICAL CONSENT
(one form per swimmer)

Swimmer's Name: _____
Age (as of June 15): _____ Date of Birth: _____
Address: _____
Home Phone: _____ Family Email: _____
Parent/Guardian Cell Phone: _____ Name: _____

I agree to assume full responsibility for any injuries incurred by my child's participation in the Little Fins Program. I hereby waive all claim or claims against Larkey Private Swim Club, its agents and/or employees for personal injury to myself or my child while participating in Larkey Swim Program events. I further indemnify and hold harmless Larkey Private Swim Club, its agents and/or employees from any claim or claims for personal injury or property damage against said entity arising from any activity by myself or my child that causes such injury or damage. I hereby authorize you to call the family physician listed below in case of emergency and request that I be contacted. If you are unable to reach me, I authorize the Physician or Hospital to whom my child is taken to perform all medical services or to have such medical services performed which, in the opinion of Physician or Hospital, are reasonably necessary to the care of my child.

I authorize the team manager/or designee into whose care the above child has been entrusted to consent to any emergency X-ray examination, anesthetic, medical dental, surgical diagnosis, treatment, and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a licensed physician, surgeon, or licensed dentist.

Family Physician: _____ Phone: _____
Family Dentist: _____ Phone: _____
Health Insurance Co. & Policy #: _____
Allergies: _____
Medical Conditions: _____
Parent/Guardian Work Phone: _____

Parent/Guardian Signature: _____
Printed Name: _____ Date: _____