

# ILLINOIS VALLEY YMCA DOLPHIN SWIM TEAM

## Medical Release Form / Emergency & Contact Information

### 2020-2021 Swim Season

In case of injury, I hereby give the Illinois Valley YMCA (or any other YMCA where the Dolphin Swim Team is participating in a meet), the ILVY Dolphin 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. Swimmers will also be assisted by the YMCA lifeguard response team.

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

#### Swimmer's Information:

Name _____ <small>First, Middle Initial, Last</small>	D.O.B. _____ <small>Month/Day/Year</small>	Gender _____ <small>M/F</small>
Medical Conditions, if any (allergies, etc) _____		
Medications taken on a regular basis: _____		
Name _____ <small>First, Middle Initial, Last</small>	D.O.B. _____ <small>Month/Day/Year</small>	Gender _____ <small>M/F</small>
Medical Conditions, if any (allergies, etc) _____		
Medications taken on a regular basis: _____		
Name _____ <small>First, Middle Initial, Last</small>	D.O.B. _____ <small>Month/Day/Year</small>	Gender _____ <small>M/F</small>
Medical Conditions, if any (allergies, etc) _____		
Medications taken on a regular basis: _____		

#### Required Parent/Guardian Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

In case of an emergency, if a parent/guardian cannot be reached please notify:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_\_