

**CCAT Swimming  
RELEASE & EMERGENCY INFORMATION**

*(Please use a pen and print info)*

**ATHLETE LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **MID.NAME:** \_\_\_\_\_

**HOME PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Circle pool:** **PIERCE** **BIRMINGHAM**

Swimmer's School: \_\_\_\_\_

**Parent's EMAIL address:** \_\_\_\_\_ **Athlete's Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Pediatrician's Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Swimmer's Medical History *(any allergies, current medications, health problems, i.e. asthma, seizures, past injuries):*

**Mother's Name:** \_\_\_\_\_ **Driver's Lic#:** \_\_\_\_\_ **Mom's Cell:( )** \_\_\_\_\_ **Text: Yes No**

**Father's Name:** \_\_\_\_\_ **Driver's Lic#:** \_\_\_\_\_ **Dad's Cell: ( )** \_\_\_\_\_ **Text: Yes No**

**Athlete's cell: ( )** \_\_\_\_\_ **Text: Yes No**

Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of emergency, if parents not reachable, call Friend/Relative: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**CONSENT FOR EMERGENCY TREATMENT**

I (We) the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize the representative of CCAT Swimming, as my agent(s) to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician licensed under the provisions of Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

I (We) understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to my agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my agent(s) upon completion of treatment. This authorization is given pursuant to Section 1238 of the Health and Safety Code.

This authorization shall remain in place from the signature through December 31, 2023, unless sooner revoked in writing to my agent(s). I hereby waive on behalf or myself and the above mentioned child any liability of CCAT Swimming Inc., Southern California Swimming, U.S.A Swimming, Los Angeles Community Colleges, L.A. Pierce College, Los Angeles Unified School District, Birmingham Community Charter High School and any of its agents or employees rising out of such medical treatment.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE AGREEMENT**

I understand that there are risks and dangers inherent in participating and/or receiving instruction and training in swimming and/or water polo, including, without limitation, injuries resulting from physical contact with other athletes and/or equipment in the pool or pool area, slipping on the deck or injury from any part of the dryland exercise equipment (weights, medicine balls, stretch cords), the starting blocks, and in the locker room and/or showers. I also understand that in order to be allowed to participate and/or receive coaching instruction in aquatics I give up my rights to hold CCAT Swimming, Inc., Southern California Swimming Inc., U.S.A. Swimming, Crespi Carmilte High School, Los Angeles Unified School District, Birmingham Community Charter High School, Los Angeles Community Colleges, L.A. Pierce College, and Valley Cross Fit liable for any damage which I or my child may suffer while participating and/or receiving instruction, coaching and training in dryland exercises, swimming and/or water polo.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in swimming and/or water polo, I hereby voluntarily release and hold harmless not only the entities set forth in the paragraph above, but also the officers, agents, coaches, instructors, parents, participants, and employees of those entities.

I understand and agree this Release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future, whether known or unknown, and whether anticipated or unanticipated by me of my child arising out of my or my child's participation and/or receipt of instruction and coaching in dryland exercises, swimming and/or water polo.

I understand that this Release applies to personal injury, property damage, or wrongful death suffered by me, or my child, while participating and/or receiving instruction and coaching in swimming and/or water polo.

I give my consent for photos of my child to be used on behalf of CCAT Swimming Inc. for team brochures and team website material.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised on the potential dangers incidental to participating and/or receiving instruction, coaching, and training in swimming and/or water polo.

**Print Parent Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing this Release on behalf of said minor.**

Hold Harmless Waiver – USA Swimming & CCAT Swimming Inc.

It is my intent as a participant, or parent of a participant, competing in CCAT Swimming sanctioned activities, while participating during activities including any pre-event or post-event activities at Crespi High School, Birmingham High School, L.A. Pierce College, or another pool for competition, that I am agreeable to the following:

I acknowledge that I am aware that there are risks to me or my child of exposure directly or indirectly arising out of, contributing to, by, or resulting from:

\*An outbreak of any and all communicable disease, including but not limited to, The virus “severe acute respiratory syndrome coronavirus 2 (SARS-COV-2)”, which is responsible for Coronavirus Disease (COVID 19) and/or any mutation or variation thereof.

In consideration of having the opportunity to participate as either a team member or competitor at any the aquatics facilities, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify CCAT Swimming Inc., USA Swimming, Crespi Carmelite High School, Birmingham Community Charter High School, Los Angeles Pierce College and its trustees, agents, volunteers, and employees from any and all claims, demands, and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

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

Signature: \_\_\_\_\_