

Sienna Premier Aquatics Medical & Emergency Information Form

Please fill out this form and turn it in to your coach or bring to the bus. Every athlete must have this form submitted before he/she can board the bus for the trip.

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: _____

Emergency Contact Information

Name: _____

Relationship: _____

Home Phone #: _____

Cell Phone: _____

General Child Release Waiver

The signature below certifies that all the information contained in my child's medical form is correct and true. My signature also affirms my understanding that my child's participation in this trip may present some risk of injury. Sienna Premier Aquatics assumes no liability for injuries or damages that result from my child's participation in this activity. I further grant permission to Sienna Premier Aquatics coaches and its chaperones to represent my child in case of an emergency.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____