



FLORIDA GOLD COAST SWIMMING 2019 OPEN WATER ZONE TEAM SWIMMER INFORMATION FORM

Contact Information:

Swimmer's Name:		Age:	
Birthdate:		USA-S ID:	
Home Team		Coach Name	
Mother's Name:		Mom's Cell #:	
Father's Name:		Dad's Cell #:	
Emergency Contact:		Emergency #:	
Email 1 (for team correspondence):			
Email 2 OPTIONAL (for team correspondence):			

Open Water Experience:

Briefly describe your experience in Open Water Events (Race, Date, Distance, Times)

--

Medical Information:

Allergies		If <u>YES</u> , explain:	
Medications			

Uniform:

Athlete T-Shirt (Adult Unisex)	
--------------------------------	--

Signature:

Submitted by:			
Date:		Check No.	



LIABILITY RELEASE AND INDEMNIFICATION FORM FOR MINOR TRAVEL

I, the undersigned participant and parent, request voluntary participation for minor to travel to and from USA Swimming events for the dates from _____, 20__ through _____, 20__.

I consent to my/minor’s participation in traveling to and from USA Swimming events and acknowledge that the I fully understand my/minor’s participation in travel may involve risk of serious injury or death, including losses which may result not only from my/minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. This includes all travel to and from the event arranged by USA Swimming, including but not limited to all transportation being plane, boat, train, van, car, airline and/or chartered plane paid either by the participant or travel paid or reimbursed by USA Swimming. I understand that if I have any risk concerns regarding travel, I should discuss the risks associated with my/minor’s participation with the activity coordinators and event staff, before I sign this document and before travel begins.

Release – Minor’s Rights:

In consideration of allowing Minor Participant to travel to and from USA Swimming events, I hereby release and hold harmless USA Swimming, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her travel to USA Swimming events. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor)

(Signature of minor)

(Date)

Release – Parents’/Guardians’ Rights:

In consideration of allowing Minor Participant to travel to and from USA Swimming events, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant’s travel to and from USA Swimming events. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent traveling to and from any USA Swimming events. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian)

(Signature of parent/guardian)

(Date)

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant’s travel to and from USA Swimming events.

(Print name of Parent/Guardian)

(Signature of parent/guardian)

(Date)

Appendix- 4 – Medical Release



Florida Gold Coast Swimming
Medical Release Form

Name of Swimmer: _____ Date: _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Florida Gold Coast Swimming All-Star/Zone Team. If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

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 PROGRAM. IN CASE OF INJURY, I HEREBY GIVE THE FLORIDA GOLD COAST SWIMMING, INC. 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 CARMEL 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:

Home Phone:

Parents Daytime Phone:

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

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Relationship: _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc.....which may be needed in rendering medical treatment:

Parent/Guardian Insurance Information:

Company Name:

Policy #:

Address

Phone: