**GOOD HEALTH CERTIFICATION**

I certify that I am the parent or legal guardian for my child(ren). I hereby attest that my child will not attend practice if he/she shows any signs of illness or any of the following but not limited to the following symptoms:

* A temperature of 100.4 or higher, and/or chills
* Cough
* Shortness of breath or difficulty breathing
* Fatigue
* Muscle or body aches
* Sore throat
* New loss of taste or smell
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea
* Rash

By signing this Certification, I acknowledge that my child will be in good health every time he/she attends practice.

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Signature Date

**Medical Release Form 2021-2022**

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the **Prince William Swim Club** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.  
  
I hereby waive, release and forever discharge **Prince William Swim Club** and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Prince William Swim Club** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_