

NEW BERLIN SWIM CLUB EMERGENCY INFORMATION
(one form per child)

Name _____ Home Phone: _____
Address: _____ Zip: _____
City: _____
Age: _____ Date of Birth: _____
Parent/Guardian: _____
Medication being Taken: _____
Allergies/Special Needs: _____
Current Injuries: _____

In Case Of Emergency, Contact: (list in order who should be called, including yourself)

1.	_____	Phone: _____
2.	_____	Phone: _____
3.	_____	Phone: _____

NBSC Liability/Medical Release:

If I am injured while participating in programs with/at the New Berlin Swim Club (NBSC):

1. I and my family agree to waive any legal claim against USA Swimming, Wisconsin Swimming and NBSC.
2. I authorize necessary medical treatment in situations when parent(s) or guardian (s) cannot be immediately contacted. Including transportation to a local hospital.
3. If injured while traveling to/from NBSC by public, private or any other means of conveyance I agree to waive any legal claims against USA Swimming, WI Swimming and NBSC.
4. If I am under the age of 18 or a minor under the laws of the state where I live my parent or guardian shall sign this release for me.
5. I understand that membership with NBSC is voluntary participation in all events sponsored by NBSC WI Swimming and USA Swimming.

By signing this release I swear that I am in good physical condition and I am not aware of any disease or injury, not otherwise noted, that would result in my being injured during any program participation. I further agree that if any information on the above statement changes that I will immediately notify NBSC and provide an updated Emergency Medical Form.

In consideration of the participation of the swimmer listed above, the undersigned parent/guardian agrees to release the New Berlin Swim Club, it's officers and coaches from any liability for injury or damage incurred in the club's program, acknowledging the assumption of risk. I furthermore agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs.

I hereby release and hold harmless USA Swimming, Wisconsin Swimming, New Berlin Swim Club, board of directors, employees, volunteers and other participants any and all claims, demands, losses, damages and liabilities arising from participation in the activities.

_____ Date _____ Parent / Guardian Signature _____