

Conestoga Swim Team Medical and Emergency Contact Form

(please fill out form and hand into a team rep)

Swimmer's Name: _____

Swimmer's Birthdate: _____

Address: _____

email address: _____

Parents' Emergency Contact Phone Numbers: _____

Please describe any physical/medical limitations (including allergies):

Physician's Name: _____ Physician's Phone Number: _____

Medical Insurance Co: _____ Policy Number: _____

Parental Release & Consent

I am the parent or authorized guardian of the above named child. I hereby give my approval for the above named child to participate in any and all Conestoga Swim Club activities, including but not limited to transportation to and from the activities. I know that participation in swimming may result in serious injuries. I hereby waive, release, indemnify and hold harmless Conestoga Swim Club, and any person or organization who provides facilities, the officials, officers, directors, employees and volunteer helpers, including, but not limited to, coaches and their assistants, organizers, referees, participants, and persons transporting my child, for any personal injuries, property damage or any other claim arising out of my child's participation in any Conestoga Swim Club activity, whether the result of negligence or for any other cause.

As the parent or legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry, under whatever conditions are necessary to preserve the life, limb or well-being of the above named child.

Parent Guardian Signature: _____

Date: _____