

NJ WAVE SWIM TEAM - MEDICAL RELEASE FORM: 2006-2007

Name of Swimmer: _____ Date: _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the NJ Wave Swim 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 NJ WAVE SWIM TEAM, IT'S COACHING STAFF, AND/OR REPRESENTATIVES AND VOLUNTEERS 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 PROVIDED THOSE SERVICES ARE PERFORMED WITH ORDINARY CARE AND TO THE BEST OF THEIR ABILITY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE NJ WAVE SWIM TEAM, IT'S COACHING STAFF, GOVERNING BOARD, OFFICERS, REPRESENTATIVES, AND VOLUNTEERS FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

* Participant Signature & Date (if over the age of 18)

* Parent/Guardian Signature & Date:

Home Phone:

Parents Daytime Phone:

If parents are not available, please call the person designated below (Emergency Contact):

Name: _____

Phone: _____

Relationship: _____

Family Physician: _____

Phone: _____

Additional comments regarding medical history, allergies, asthma, penicillin or drug reactions, known medical conditions, self-medication, etc.....which may be needed in rendering medical treatment (use back of this page also if necessary - indicate over):

Parents of any child that needs to self-medicate; please describe below, and sign approval:

* Parent/Guardian Signature (approval for self medication):

Parent/Guardian Insurance Information:

Company Name:

Policy #:

Address

Phone: