

UNIVERSITY AQUATIC CLUB 2011-2012 EMERGENCY MEDICAL INFORMATION AND RELEASE

(Only one form is necessary for each family)



MEDICAL RELEASE AND FAMILY CONTACT

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, MY CHILD IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE THE UNIVERSITY AQUATIC CLUB AND ITS 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 THE UNIVERSITY AQUATIC CLUB AND IT'S COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD

I FURTHER GIVE PERMISSION FOR MY CHILD'S LIKENESS TO BE USED FOR PUBLICITY PURPOSES

Parent's Signature _____ Date _____

Parent's Printed Name _____
(If swimmer is 18 years or older they must sign for themselves)

FAMILY CONTACT INFORMATION

(please print)

Mother's Name _____ Father's Name _____

Cell Phone # _____ Cell Phone # _____

Daytime Phone # _____ Daytime Phone # _____

Evening Phone # _____ Evening Phone # _____

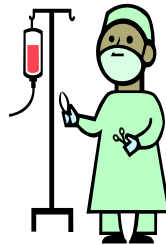
Additional Emergency Contact _____

Relationship to Swimmer(s) _____

Cell Phone # _____

Daytime Phone # _____

Evening Phone # _____



EMERGENCY INFORMATION FORM

Swimmer #1 _____ Birth Date _____

Swimmer's Doctor _____ Phone # _____

Swimmer's Dentist _____ Phone # _____

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

Swimmer #2 _____ Birth Date _____

Swimmer's Doctor _____ Phone # _____

Swimmer's Dentist _____ Phone # _____

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

Swimmer #3 _____ Birth Date _____

Swimmer's Doctor _____ Phone # _____

Swimmer's Dentist _____ Phone # _____

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

Swimmer #4 _____ Birth Date _____

Swimmer's Doctor _____ Phone # _____

Swimmer's Dentist _____ Phone # _____

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