Paseo Aquatics Medical Release

| Name of Swimmer: | | | Dat | te: | |
|---|---|-------------------|-------------------------------|------------------------------|--|
| | (first) | (Middle) | (Last) | | |
| | | Parental | Consent | | |
| | his medical release form must be signed by a parent or legal guardian for EACH swimmer of | | | | |
| <u>-</u> | - | | (3). If the swimmer | is 18 years of age or older, | |
| the swimmer must als | o sign this fo | rm. | | | |
| | | Medical | | | |
| I certify that, to the be | • | _ | | • | |
| | | | | ould impair participation in | |
| the program. In case o | | | - | | |
| | | | | king medical treatment from | |
| 1 1 | | | | such treatment is deemed | |
| | | | | t to do so using methods | |
| deemed necessary. I al | | | | | |
| coaching stail, Directo | rs and Owne | rsnip irom ali il | ability while acting (| on my behalf in this regard. | |
| | | | | | |
| Participant Signature (if over the age of 18) | | | Parent/Guardian Signature | | |
| 1 0 | | , | , | 5 | |
| | | | | | |
| Home Phone | | | Parent/Guardian Daytime Phone | | |
| | | | | | |
| If parents are not avail | able, please | call the person | designated below: | | |
| Name: | | | Polationsk | Relationship: | |
| Name. | | | Kelationsi | iip | |
| Address: Phone: | | | | | |
| | | | | | |
| City/State/Zip: | | | | | |
| | | | | | |
| **Additional comme | nts regardin | ng medical hist | ory of allergies? | | |
| penicillin or drug rea | ictions, etc., | which may be | needed in renderi | ng medical treatment: | |
| | | | | | |
| More Info | | | | | |
| Davant / Cuandian Inc | wan aa Infa | um ati au | | | |
| Parent/Guardian Ins | urance into | rmation: | | | |
| My Insurance Compan | V . | | Policy #: | Group# | |
| My mourance compan | y · | | r oney " | droup# | |
| Subscribers Name | | | Swimmer's Physician: | | |
| - · · · · · · · · · · · · · · · · · · · | | | | | |
| Phone #: | IN | ICLUDE A C | OPY OF INSUR | ANCE CARD | |
| · · · · - | | | | | |