

2020 Chadwick Swim Team Medical Authorization & Release Form

Child's Name (1): _____ DOB: _____

Child's Name (2): _____ DOB: _____

Child's Name (3): _____ DOB: _____

Please list additional children, date of birth, and medical information on back

Primary E-mail: _____ Home Phone: _____

Parent's Name: _____ Work Phone: _____

Cell Phone: _____

Parent's Name: _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact 1. _____ Phone: _____

Emergency Contact 2. _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

Medical Insurance: _____ Policy/Group#: _____

| | Child #1 Yes/No | Child #2 Yes/No | Child #3 Yes/No | If Yes, please describe |
|--|--------------------|--------------------|--------------------|-------------------------|
| Physical Disability? | | | | |
| Chronic Illness? | | | | |
| Convulsions/Seizures? | | | | |
| Allergies? | | | | |
| Other Medical Issues? | | | | |
| Are you presently under a doctor's care? | | | | |
| Regularly taking any medications? | | | | |
| Date of last tetanus shot | | | | |

CONSENT AND MEDICAL AUTHORIZATION: I, the undersigned, hereby give my consent for the above swimmer(s) to represent Chadwick Swim Team in swim activities. If I cannot be reached in the event of an emergency, I also give consent for the team coach or representative to obtain through a physician, dentist, or hospital of its choice, such medical care as is reasonably necessary for the welfare of the swimmer(s). If he/she is injured in the course of swim team activities, I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, drugs, ambulances, etc).

RELEASE: I, the undersigned, acting as parent and/or guardian for the above child(ren) understand the potential danger involved in swimming activities including, but not limited to, head first entry into swimming pool from starting block. I further understand that team practices or events have designated times before and after which it is my responsibility to pick-up or supervise my child. I acknowledge all risks inherent with the CHADWICK SWIM TEAM, agree to assume all risks and as a condition of my child's participation, waive and release any and all rights to claims for loss or damages, including all claims based on negligence, (active or passive) of CHADWICK SWIM TEAM, CHADWICK SWIM CLUB INC., the Board of Directors of CHADWICK SWIM CLUB, INC., coaches, officials, employees or others involved in swim team activities.

Parent/Guardian Signature: _____ **Date:** _____