



# Fishers Area Swimming Tigers Emergency Medical Release Form September 2023 – August 2024

Name of Swimmer \_\_\_\_\_ Date \_\_\_\_\_

### Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Fishers Area Swimming Tigers (FAST). If the swimmer is 18 years or older, the swimmer must also sign this form.

### MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, \_\_\_\_\_ (name of swimmer) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THIS PROGRAM. IN CASE OF INJURY, I HEREBY GIVE THE FISHERS AREA SWIMMING TIGERS AND ITS COACHING STAFF OR MY CHILD'S CAREGIVER 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 FISHERS AREA SWIMMING TIGERS AND ITS COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Participant Signature (if over the age of 18)

Parent / Guardian Signature

Home Phone Number

Parent Cell Phone or Work Phone Number

If parents are not available, please call the emergency contact designated below:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Additional information which may be needed in rendering medical treatment (medical history, allergies, drug reactions, medications, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Family Physician's Name

Physician's Phone Number

Parent / Guardian Insurance Information (Please provide copy of your insurance card)

Health Insurance Carrier

Name of Policy Holder

Policy / Group / Claim Number

Phone Number