California Dolphin Swim Team
EMERGENCY & CONSENT FORM

Swimmer's Name _____ **Age** _____ **Date of Birth** _____

Parent's Name _____ **Home Phone** _____

Cell Phone: **Email:** _____

Address _____

Doctor's Name: _____ **Phone Number** _____

Dentist's Name: _____ **Phone Number:** _____

Insurance Carrier: _____ **Policy Number** _____

Is your child taking any medications? If yes, please explain (use additional sheets if necessary):

_____

Does your child have any medical conditions? (Such as, but not limited to: heart disease, diabetes, allergies, asthma, convulsive disorder, severe allergic reaction to a bee sting…) If yes, please explain and use additional sheets if necessary.

_____

IN CASE OF EMERGENCY, the following persons may be contacted if the parents cannot be reached:

	Name	**Relationship to child**	**Phone Number**
1.			
2.			

Permission to Participate – Medical Release - One signature is required

The undersigned, parent(s) or legal guardian(s) of _____ certify that he/she is of good physical condition and is fit for participation in the activities of California Dolphin Swim Team. I/We understand these activities include aerobic exercises, swim workouts, swim meets, and other activities routinely associated with the development and participation in USA Swimming functions (activities may include transportation to and from meets and swim related social functions). The undersigned shall jointly and independently hold California Dolphin Swim Team, all officers, agents, and employees of California Dolphin Swim Team harmless from any and all liabilities for personal injury and property damage which might arise out of or relate to the conduct of

participation in the activities of California Dolphin Swim Team. I/We fully understand the risks associated with physical activities such as competitive swimming and hereby give my/our permission for participation to the above participant for whom we are/I am the legal parent(s) or guardian(s). I/We also hereby agree to the provision of emergency medical procedures that may be required due to illness or injury which might arise out of the participation in the activities with California Dolphin Swim Team to provide emergency medical treatment through a fully licensed hospital or through the family physician or dentist listed. I/We authorize transportation of my/our child by ambulance in an emergency. Further, I/We agree to pay all costs associated with such medical care and emergency transportation.

Signature	Relationship to Swimmer	Date
Signature	Relationship to Swimmer	Date