



## Westside Aquaducks Medical Release Form

Family's Last Name: \_\_\_\_\_

Swimmer Name: \_\_\_\_\_

*\* Please fill out one form for **each** swimmer*

### General Medical Information:

No  Yes Is this swimmer allergic to any medications/substances? If Yes, please list them:

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

No  Yes Is this swimmer currently taking any medication? If Yes, please list them:

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

No  Yes\* Does this swimmer use an inhaler?

*\*If your swimmer uses an inhaler, it is your responsibility to have it on hand at every practice.*

No  Yes Any other medical concerns the coach should be aware of?

\_\_\_\_\_

### Doctor and Insurance Information:

Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group/Member #: \_\_\_\_\_

### Emergency Contact Information:

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Not Parent/Guardian)

Relationship to Swimmer: \_\_\_\_\_

### Medical Waiver/Authorization:

I certify that the above named swimmer is medically and physically able to participate in swim training and/or competition. I hereby waive all claims for injury or liability of any kind for the above-mentioned swimmer(s), and in the case of an accident or injury in any way resulting, directly or indirectly, from participation in such programs, hold blameless from any liability Aquaducks, Inc., its officers, coaches, managers, or any other person or persons in any way connected or associated with this program.

Furthermore, in the case of emergency medical attention that may be necessary, I authorize the adult coaches to act on my behalf, according to their best judgment and ability.

I give my permission for my child to swim with Westside Aquaducks.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_