

Central Valley Aquatics Medical Release Form

Name of Swimmer: _____ Date: _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of Central Valley Aquatics. If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF _____ (NAME OF THE SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE CENTRAL VALLEY AQUATICS AND IT'S COACHING STAFF 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 CENTRAL VALLEY AQUATICS AND IT'S 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: Parents Daytime Phone:

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

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____ Relationship: _____

Please list any important medical history, allergies, drug reactions, or anything about your child that may be needed in rendering appropriate medical treatment:

Parent/Guardian Insurance Information:

Company Name: _____ Policy #: _____

Address Phone: _____
