

WAVE Swimming Medical Release Form

Swimmer's Name: _____ Date: _____

Practice Site: _____ Group: _____ Coach: _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the New Wave Swim Team. (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 the new wave swim team and its coaching staff permission to act on my behalf in seeking medical treatment from any licensed physician and/or surgeon, licensed dentist, 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 new wave swim team and its coaching staff from all liability while acting on my behalf in this regard.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

It is understood that I/we the undersigned are responsible for all charges for the above-mentioned diagnosis, treatment or hospital care.

Address _____ City _____ NC _____ Zip _____

Father's Name _____ Father's Employer _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Mother's Employer _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Insurance Company _____ Policy Number _____

Doctor _____ Phone _____

Last Tetanus Booster _____ Allergies to Medications _____

Swimmer's Signature (if over age 18) _____ Parent/Guardian Signature _____ Date _____