



# Chatsworth Waves Swim Team

## 2013 Medical Release Form

If your child needs emergency treatment and is under the age of 18, hospitals are required by law to reach you for authorization to medically treat your child, except in the case of truly life threatening situations. Only one parents or legal guardian may give this authorization.

Please complete the following information and sign this release for the swimmers in your family participating in the Chatsworth Waves Swim Team.

	Swimmer #1	Swimmer #2	Swimmer #3	Swimmer #4
<b>Name</b>				
<b>Birth Date</b>				
<b>Illness/Disabilities?</b>				
<b>Medications(s):</b>				
<b>Allergies?</b>				

**Please details any other important information:**

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### Physician & Contact Information

**Family Physician/Pediatrician** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Mom's Cell:** \_\_\_\_\_ **Dad's Cell:** \_\_\_\_\_  
**Emergency Contact #1:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Emergency Contact #2:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Family email address:** \_\_\_\_\_

**Emergency Authorization:** I, the undersigned, parent or legal guardian of the participant(s), \_\_\_\_\_, a minor(s), understand that my presence, or that of a designated agent, is requested at practices, meets and/or other swim team events. If I am unavailable or unable to be reached, in case of emergency, I hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity/event supervisors, as my Agents, to consent to medical, surgical or dental examination and/or treatment for the above named participant(s). In case of emergency, I also hereby authorize treatment, and/or care at any hospital.

**Waiver of Liability, Disclaimer, and Permission:** I, the parent or guardian of the above named participant(s)+A189, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the Chatsworth Waves Swim Team activities are primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the swim team coaches, assistant coaches, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in swim team sponsored events and/or activities, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during any practices or games.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_