

Please fill this form out completely! Your child(ren) will not be allowed to swim unless this form is complete and returned. *Thank you!*

## Medical Release & Information

(One per family)

**Swimmers Name(s)**

**Allergies/Medications/Other info.**

_____	- _____
_____	- _____
_____	- _____
_____	- _____

**Parents' Name(s)** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Mother Cell** \_\_\_\_\_ **Father Cell** \_\_\_\_\_

**Mother Work** \_\_\_\_\_ **Father Work** \_\_\_\_\_

**Other Emergency Numbers** \_\_\_\_\_

**Medical Insurance Company** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Policy Holder Name** \_\_\_\_\_

**Policy Number/Member ID** \_\_\_\_\_

**Group Number** \_\_\_\_\_

Medical Waiver:

I, the undersigned, hereby certify that I am the parent or legal guardian of the above named swimmers. I hereby give my permission for any supervisor associated with the Evergreen Lakes Swim Team to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, or illness. I, the undersigned, will be responsible for any and all cost of medical attention and/or treatment.

I, the undersigned, hereby waive, release, and forever discharge the Evergreen Lakes Swim Team, Evergreen Lakes Home Owners Association and associated supervisors, volunteers and employees from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Swim Team activities, whether or not damages or loss is due to negligence. I hereby acknowledge that the swimmer(s) named above is/are physically fit and mentally capable of participating in all Swim Team activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date