

**Please provide an email address and a cell phone number for team notifications including practice/meet cancellations and meet attendance:**

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**SWIMMER'S NAME** \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(please print) Last First MI

**EMERGENCY MEDICAL AUTHORIZATION FORM FOUR SEASONS SWIM TEAM**

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian Information**

Mother's name \_\_\_\_\_ Home phone/cell phone \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone/cell phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Home phone/cell phone \_\_\_\_\_

It is important that you provide ANY pertinent medical history or information about existing conditions about your child.

**Medical information:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to the administration of any treatment deemed necessary by a licensed physician or dentist and the transfer of the child to any hospital reasonably accessible.

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

**OR**

I do not give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish the proper authorities to take the following action:

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

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

**PHOTO AUTHORIZATION RELEASE:**

**Please complete one of the following:**

1. I (Parent/Guardian Name) \_\_\_\_\_ grant Four Seasons Swim Team the right to use photographs of my family/child/children in connection with events involving Four Seasons Swim Team for any lawful purpose, including for Four Seasons Swim Team/Four Seasons Swim Club publicity, illustration, and web content.
  
2. I (Parent/Guardian Name) \_\_\_\_\_ **DO NOT** grant Four Seasons Swim Team the right to use photographs of my family/child/children in connection with events involving Four Seasons Swim Team for any lawful purpose, including for Four Seasons Swim Team/Four Seasons Swim Club publicity, illustration, and web content.

I have read and understand the above:

Parent Signature: \_\_\_\_\_

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