

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 the Valley Points Family YMCA Stingrays. 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 Valley Points Family YMCA Stingrays 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 Valley Points Family YMCA Stingrays 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: _____

Address: _____

City/State/Zip: _____ Phone: _____

Relationship: _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc.....which may be needed in rendering medical treatment:

Parent/Guardian Insurance Information:

Company Name: _____ Policy #: _____

Address _____ Phone: _____
