

## EMERGENCY MEDICAL FORM AND CONSENT/RELEASE

Family Name: \_\_\_\_\_

Names of Children Covered by Release: \_\_\_\_\_

**IF ALL OF THE CHILDREN IN YOUR FAMILY HAVE THE SAME MEDICAL INFORMATION, ONE FORM PER FAMILY WITH THE INDIVIDUAL NAMES LISTED IS SUFFICIENT.**

**IF YOU HAVE A CHILD WITH SPECIFIC MEDICAL INFORMATION THAT DIFFERS FROM YOUR OTHER CHILDREN, YOU MUST USE A SEPARATE FORM.**

I am the parent/guardian of the swimmer(s)/diver(s) named above ("Athlete(s)"), and to the best of my knowledge state that he/she/they is/are physically fit to participate for the Normandy Swim and Tennis Club ("NSTC") swim team as a swimmer/diver for the year 2018. I hereby consent to Athlete(s) practicing and competing in meets for the NSTC swimming and diving team.

I understand and agree that by signing this Consent Form Athlete(s) and I agree to abide by the rules and regulations of NSTC and any of the leagues or other organizations of which it is a member. I also understand and agree that by signing this Form I release from liability the following: NSTC, the Seven Hills Swim League, including its member pools, sponsors, employees, coaches, and managers in connection with any injury to Athlete(s).

I further agree that Athlete(s) may be transported, when necessary, in privately owned vehicles to and from the places of such activities, and I will not hold the drivers of such vehicles responsible for any injury to Athlete(s) in case of an accident.

I understand it is the responsibility of each parent/guardian to maintain sufficient insurance to adequately cover a child/minor participating in activities for NSTC, and that NSTC carries no activity insurance, and assumes no responsibility for such insurance.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

### **PLEASE PROVIDE THE FOLLOWING INFORMATION FOR USE IN CASE OF EMERGENCY**

Name of Doctor: \_\_\_\_\_

Phone # : \_\_\_\_\_

Insurance: \_\_\_\_\_

Phone # : \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Phone # : \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Phone # : \_\_\_\_\_

Does your child/minor have any medical conditions that the coach should be aware of, and does he/she require any special medication? Yes ( ) No ( )

If yes, please explain (provide further information on back, *if necessary*):

\_\_\_\_\_

Parent/ Guardian name and number to be reached in case of accident or emergency:

Mother: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relative or neighbor to be called if Parent/Guardian cannot be reached:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_