EVERGREEN SWIM TEAM, INC

Date: _____

SWIMMER EMERGENCY TREATMENT AUTHORIZATION & RELEASE FORM

Swimmer's Names: (please print)

	Last	First	MI	Male/Female	Birth Date
1.					
2.					
3.					

IN AN EMERGENCY CALL:

Name of Parent or Guardian: _____

Family Address: _____

Phone (Home):_____ Father's Work Phone: _____

Phone (Cell): _____ Mother's Work Phone: _____

IN AN EMERGENCY WHERE NEITHER PARENT CAN BE REACHED

Call:

Name: _____ Address: _____ _____
Relative or Authorized Individual — Relative or Authorized Individual

Phone: _____ Cell Phone _____
Relative or Authorized Individual — Relative or Authorized Individual

or Call the Doctor/Dentist listed below:

Name: _____ Name: _____
Doctor — Dentist

Address: _____ Address:_____
Doctor's Office Address — Dentist's Office Address

Phone: _____ Phone: _____
Doctor's Phone — Dentist's Phone

Please state any medical conditions that might impair your child's (children's) participation at poolside or in the pool:

_____

THE EVERGREEN SWIM TEAM, INC. COACHING STAFF OR OTHER APPOINTEE WILL ATTEMPT TO REACH ONE OF THE ABOVE PERSONS, BUT IF NONE OF THE ABOVE CAN BE REACHED, THE COACHING STAFF REPRESENTATIVE ON DECK AT THE POOL HAS OUR PERMISSION TO USE THEIR DISCRETION IN SECURING MEDICAL AID IN WHAT TO THEM APPEARS TO BE AN EMERGENCY SITUATION. IT IS UNDERSTOOD NEITHER THE EVERGREEN SWIM TEAM, INC. NOR THE PERSON RESPONSIBLE FOR OBTAINING MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

I HAVE READ THE STATEMENT AND AGREE TO THE STATEMENT AS IT IS WRITTEN.

Signature of Parent or Guardian: _____ Date: _____

PERSONAL RELEASE STATEMENT: I UNDERSTAND COMPETITIVE SWIMMING PARTICIPATION MAY HAVE AN ELEMENT OF HAZARD OR INHERENT DANGER AND I TAKE FULL RESPONSIBILITY FOR MY CHILD'S (CHILDREN'S) ACTIONS AND PHYSICAL CONDITION. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE EVERGREEN SWIM TEAM, INC. AND ITS OFFICIALS, BOARD MEMBERS AND EMPLOYEES FROM ANY LIABILITY, LOSS, COST OR EXPENSE (INCLUDING ATTORNEY'S FEES, MEDICAL AND AMBULANCE COSTS) THAT MY CHILD MAY INCUR AS THE RESULT OF PARTICIPATING IN SWIM TEAM ACTIVITIES.

Signature of Parent or Guardian_____ Date: _____

MEDICATION: Acetaminophen (Tylenol or other brand names of Acetaminophen) will be given at the coaches' discretion with the signed consent of a parent
PERMISSION FOR ACETAMINOPHEN: YES _____ NO _____

Signature of Parent or Guardian: _____ Date: _____

09 / 13 / 04