

Willow Fork Gators Swim Team

MEDICAL RELEASE

I Certify that _____ is in good health, free of any communicable disease, and is in sufficiently good physical condition to engage in swimming and/or related activities. Having been informed of the activities to be conducted by the Willow Fork Gators Swim Team, I as a parent or Guardian of the participant, give my approval for this child's participation in the activities of the program. I am aware that any athletic activity involves all the risks and hazards incidental to the program. I further release from responsibility and agree to indemnify and hold harmless the Willow Fork Gator Swim Team, its officers, coaches, parents and all others associated with the program, for damages resulting from illness or injury of the child occurring during the program, including transportation to and from swim team activities.

In the event of a MEDICAL EMERGENCY in my absence, I hereby grant to the SWIM TEAM COACHES, and /or adult in charge, the authority to secure medical treatment for my child from a licensed hospital or medical doctor. I understand that I will be liable for all costs incurred.

EMERGENCY NAMES AND TELEPHONE NUMBERS

(other than parents)

1. _____ // (_____) _____

2. _____ // (_____) _____

PHYSICIAN _____ // (_____) _____

Signature of Parent/Guardian _____ Date: _____

_____ Phone: (_____) _____