

Harrington Park Swim and Dive Team Emergency Medical Authorization

Swimmer/Diver's Name _____ DOB _____

Address _____ Home Phone _____

Mother's name _____ Cell Phone # _____

Father's name _____ Cell Phone # _____

In case of emergency, if parents can not be contacted, please notify (relative/guardian)

Name _____ Relationship _____

Phone / cell # _____

Medical Information

Player has or is subject to:

ADHD Heart trouble Bleeding disorder
 Asthma Contact lenses Diabetes
 Seizures Fainting
 Allergy to (please specify)

 Other (please specify)

Is it necessary to restrict your child's activity for any medical reason? Yes No

If yes, please explain _____

Does your child need special medication or special care? Yes No

If yes, please explain _____

To the best of my knowledge this information is accurate and complete. I give my permission, in the event of a medical emergency, that measures be instituted without delay, as judgment of medical personnel dictate. In the case of injury, we hereby waive all claims against the Harrington Park Swim Team Boosters, Inc., the Harrington Park Swim Club, and its agents (volunteers) or organization. I, the parent/guardian, give my permission to the above-named child to participate in any and all activities.

Parent/Guardian Signature _____ Date _____

Please return this form with your application and registration fee.

(If we are not in possession of this signed release, your child will not be permitted to practice or compete.)