



# VALLEY AQUATICS



PACIFIC NORTHWEST SWIMMING



*This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Valley Aquatics. If the swimmer is 18 years of age or older, the swimmer must also sign this form.*

**Athlete (last, first, middle):** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

I declare that I am the parent or legal guardian of the athlete listed above. I certify that, to the best of my knowledge and belief, he/she is in good physical health and has no condition which would impair participation in the program. In the event that he/she is injured or should require medical attention, I hereby give the Valley Aquatics and its coaching staff permission to act on my behalf in seeking medical treatment from any licensed physician, hospital or clinic if such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. I absolve Valley Aquatics and its coaching staff from all liability while acting on my behalf in this regard. I acknowledge that I will be responsible for any medical or hospital fees/costs associated with related medical treatment.

\_\_\_\_\_  
Parent / Guardian signature and date

\_\_\_\_\_  
Participant signature and date (if over the age of 18 during swim year)

Fathers Name (first, last): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mothers Name (first, last): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If parents are unavailable, other person(s) to notify in an emergency:

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Special instructions or additional comments which may be needed in rendering medical treatment. Include important conditions, medical history, allergies, penicillin or drug reactions, etc.