

Emergency Information

Name _____ DOB _____ Age _____ Grade _____

Parents' name(s) _____ Home phone _____

Address _____ City _____ Zip _____

Best contact person and phone during practice hours (M-F,3:30-4:30) _____

Best contact person and phone during meets (Tues. evenings) _____

Backup emergency contact

Name _____ Phone _____

Family doctor _____ Phone _____

Insurance carrier _____ Policy # _____

The team coach may apply first aid treatment until the family doctor can be contacted:

Yes _____ No: _____

We give our consent for coaches and trainers to use their own judgment in securing medical aid and ambulance service in case the parents of this athlete can not be reached:

Yes _____ No _____

We understand that a high school physical is required of all new swimmers and incoming 9th and 11th graders and the completed associated form will be submitted before the 1st practice.

Is there any condition (medical or physical) that may affect this athlete while swimming? Please be specific (i.e. asthma, arthritis, epileptic, etc.) Explain:

Parent or guardian signature

Date

Notice of Risk for Student Athletes

We give our permission for _____ to participate in organized high school athletics, realizing that such activity involve the potential for injury which is inherent in all sports. We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

We the undersigned understand the dangers of practicing, playing and participating in sports. We also recognize the importance of following instructions given by the coaches regarding playing techniques, training and of obeying team rules. We specifically acknowledge we have carefully read and understand this Notice of Risk for Student Athletes.

Athlete's signature

Date

Parent or guardian signature

Date