MOUNTAIN VIEW HIGH SCHOOL SWIM TEAM
Student Emergency Information
(A copy will be in coaches' possession at all times.)

Name: _____ Date of Birth: _____ Age: _____
Parent/Guardian Name: _____ Home Phone: _____
Address: _____ City: _____ Zip: _____
Parent Day Contact Phone Number, Dad: _____ Mom: _____
In an emergency, if parents cannot be contacted, notify:
Name: _____ Phone: _____
Family Doctor: _____ Phone: _____
Insurance: _____ Policy Number: _____
Insurance Subscriber Name: _____
Known Allergies: _____

The team physician, trainer, or coach may apply first aid treatment until the family doctor can be contacted (please circle answer): YES NO

We give our consent for coaches, trainers, and team physician to use their own judgment in securing medical aid and ambulance service in case the parent cannot be reached (please circle answer).
YES NO

Parent Signature: _____ Date: _____

Notice of Risk for Student Athletes

We give our permission for _____ to participate in organized high school athletics, realizing that such activity involves 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 participation 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.

Swimmer: _____ Parent/Guardian: _____
signature signature