

NCS Emergency/Release Form 2011-2012

Please print clearly; Complete for each swimmer

Swimmers Name: (first, middle, last) _____

Birth Date: (month/day/year) _____

Grade: _____ Name of School: _____

USA Registration: (Last Date Registered) _____ Not Registered _____

Mother/Guardian's Name: _____

Address: _____

City/State/Zip: _____ Email: _____

Home phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father/Guardian's Name: _____

Address: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

*In case of an emergency and we are unable to reach the parents, please call:

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

List any medical concerns that your coach should be aware of (ex: diabetes, asthma, etc.): _____

List all current medications:

Parental Consent

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

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEGE AND BELIEF, _____ (NAME OF THE SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE NCS (North Coast Swim Club) AND IT'S COACHING STAFF PERMISSION TO ACT ON MY BEHALF FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FORM MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE NCS AND IT'S COACHING STAFF FROM ALL LIABILTY WHILE ACING ON MY BEHALF IN THIS REGARD.

PICTURE RELEASE:

_____ I would like my child's picture used .

_____ I would NOT like my child's picture used.

I herby release NCS, its employees, officers, directors and volunteers and any facility used by NCS from any liability arising out of any injury to the Swimmer(s) which may occur while the Swimmer(s) is/are participating in the NCS swim program, including, but not limited to, practice meets, travel trips, and other team activities, or while the Swimmer(s) is/are using facilities leased or used by NCS.

Participant Signature (if over the age of 18)

Parent/Guardian Signature: