

**Rec-Plex Sharks
USA Swim Team
Medical Release Form**

I hereby give my permission for _____ to swim with the Rec-Plex Sharks Swim Team for the 2010-2011 season.

I further waive all claims for injury, accident, or liability of any kind for the above mentioned swimmer, and in case of accident or injury in any way resulting directly or indirectly from participation in such program, hold harmless from any liability the City of St. Peters, the Sharks Parents' Association, Board Members, Team Administrator, Coaching Staff, or any other person or persons in any way connected or associated with the program.

Furthermore, in case of emergency medical attention which may be required, I authorize the City of St. Peters, Sharks Coaching Staff, Team Administrator, Board Members, or other adults in an official capacity with the team to act for me according to their best judgment and ability.

Signature of Parent or Guardian: _____ Date: _____

Medical Information

List any medication and dosage the swimmer is now taking: _____

Pre-existing conditions (asthma, epilepsy, etc.): _____

Allergies (including medications): _____

Other pertinent information the coaching staff should know about: _____

Physician's name: _____ **Phone #:** _____

Father's name: _____ **Mother's name:** _____

Home phone #: _____ **Home phone #:** _____

Office phone #: _____ **Office phone #:** _____

Cell phone #: _____ **Cell phone #:** _____