



Mt. Vernon Swim Team Medical Release Form Winter 2010

Name of Swimmer: _____ Date: _____

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Mt. Vernon Swim Team. 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 KNOWLEDGE 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 THE MT. VERNON SWIM TEAM AND IT'S COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED AS AN IMMEDIATE NECESSITY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE MT. VERNON SWIM TEAM AND IT'S COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Participant Signature (if over the age of 18)

Parent/Guardian Signature:

Home Phone:

Parents Cell

If a parent are not available, please call the person designated below:

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Relationship: _____