

LESD Emergency/ Release Form 2007-2008

Please print clearly; Complete for each swimmer

Swimmers Name: (first, middle, last) _____

Birth date: (month/day/year) _____

Grade: _____ Name of School: _____

Mother / Guardian's name	Father / Guardian's name
Address	Address
E-mail	E-mail
Home phone	Home phone
Cell phone	Cell phone
Place of employment	Place of employment
Work 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 LESD. 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 LESD (Lake Erie Silver Dolphins) AND IT'S COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR 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 LESD AND IT'S COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

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

Participant Signature (if over the age of 18)

Parent/Guardian Signature: