

SWIMMER INFORMATION

Full Name (first and last)	Date of Birth	Age on June 1	Sex M/F	Please list any allergies or medical conditions:	Does he/she take any medications? (Yes/No)	List of Medications child is taking:

EMERGENCY MEDICAL CONTACT INFORMATION

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Alternate Contact Information: In case of an *emergency* and a parent/legal guardian cannot be reached

Name _____ Phone _____ Relationship _____

MEDICAL CONSENT AUTHORIZATION: I hereby grant permission to Canfield Swim and Tennis Club to obtain medical and/or dental attention or treatment for the above listed swimmer(s) in the even of an emergency until I can be contacted. I release Canfield Swim and Tennis Club, Youngstown Swim League and each of their respected officers, agents, employees, members and any other persons in any way connected with this club from any and all liabilities, claims, demands, actions, or causes of action of whatever character arising out of or in connection with said event. Further the undersigned shall indemnify and hold harmless the host club, YSL, and the officers, trustees, agents, employees and members of the forgoing and all other persons in any way and claims arising out of or in connection with any injury, including death, or alleged injury and damage to property sustained or alleged to have sustained in connection with or to arise out of said event.

YES TO CONSENT

NO TO CONSENT

Name _____ Signature _____ Date: _____