

# WENDWOOD WAHOOS SWIM TEAM REGISTRATION & MEDICAL RELEASE 2021

Parent(s)/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Emergency Contact (if above cannot be reached) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Swimmer Name	M/F	DOB	Age as of 6/1/21	Physical Limitations

*\*\* Use the back of this form, please list any other pertinent information about the swimmer(s) listed above (medical conditions, etc.)*

Fees:  \$75 per Swimmer

I hereby grant permission for the swimmer(s) listed above to participate in all required swim team practices and meets for Wendwood Wahoos Swim Team 2021 season. I relieve Wendwood Wahoos Swim Team and Recreation Association of all liability in case of injury during all practices, meets, and team sponsored activities. I understand in the event of an emergency involving my child, every effort will be made to contact the parent(s)/guardian before medical treatment is administered. In the event that a parent(s)/guardian cannot be reached with a reasonable time period, I grant permission to the attending physician to hospitalize and secure treatment as necessary for my child, if in the physician's best professional judgement, further delay would jeopardize my child's life or health. I hereby assume responsibility for payment of such treatment.

Parent of Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_