

NEW YORK CITY AQUATIC CLUB
2013-2014 MEDICAL RELEASE FORM

Swimmer's Name: _____ D.O.B(MM/DD/YY) _____

Parent Name: _____

Address: _____

City/State: _____ Zip: _____

Home Telephone _____ Cell _____

The Best Number to Reach a Parent During Practice _____

If a parent cannot be reached, the following person(s) should be contacted:

Name _____ Number _____

Relationship _____

Name _____ Number _____

Relationship _____

Does your child have any medical condition of which we should be aware?

Does your child take any medication of which we should be aware? (Please note: asthma sufferers should have their inhalers present on deck)

I understand that my child is voluntarily participating in the activities of the New York City Aquatic Club and I agree that I will not hold the New York City Aquatic Club, USA Swimming, Baruch College or any coach or employee liable for any injury or illness contracted while participating in the program. Furthermore, in case of a medical emergency, I will be contacted immediately, but in the event that I cannot be reached, I give permission for my child to be given medical treatment prescribed by a physician or hospital.

Parent Signature _____ Date _____

(PLEASE PRINT CLEARLY AND RETURN TO SWIM TEAM)