



EMERGENCY MEDICAL FORM AND CONSENT/RELEASE

Family Name: _____

Names of Children Covered by Release: _____

IF ALL OF THE CHILDREN IN YOUR FAMILY HAVE THE SAME MEDICAL INFORMATION, ONE FORM PER FAMILY WITH THE INDIVIDUAL NAMES LISTED IS SUFFICIENT. IF YOU HAVE A CHILD WITH SPECIFIC MEDICAL INFORMATION THAT DIFFERS FROM YOUR OTHER CHILDREN, YOU MUST USE A SEPARATE FORM.

I am the parent/guardian of the swimmer(s) named above ("Athlete(s)"), and to the best of my knowledge state that he/she is/are physically fit to participate for the Sandpoint Sharks Swim Club ("SSSC") as a swimmer for the year 2024.

Parental Release & Consent: I am the parent or authorized guardian of the above named child. I hereby give my approval for the above named child to participate in any and all SSSC activities, including but not limited to transportation to and from the activities. I know that participation in swimming may result in serious injuries. I hereby waive, release, indemnify and hold harmless Sandpoint Sharks Swim Club, and any person or organization who provides facilities, the officials, officers, directors, employees and volunteer helpers, including, but not limited to, coaches and their assistants, organizers, referees, participants, and persons transporting my child, for any personal injuries, property damage or any other claim arising out of my child's participation in any SSSC activity, whether the result of negligence or for any other cause. As the parent or legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry, under whatever conditions are necessary to preserve the life, limb or well-being of the above named child.

I further agree that Athlete(s) may be transported, when necessary, in privately owned vehicles to and from the places of such activities, and I will not hold the drivers of such vehicles responsible for any injury to Athlete(s) in case of an accident.

Parent/Guardian _____ Date _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR USE IN CASE OF EMERGENCY

Name of Doctor: _____ Phone #: _____

Insurance: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Does your child/minor have any medical conditions that the coach should be aware of, and does he/she require any special medication? Yes (☐) No (☐)

If yes, please explain (provide further information on back, if necessary): _____

Parent/ Guardian name and number to be reached in case of accident or emergency:

Mother: _____

Home #: _____ Work #: _____ Cell #: _____

Father: _____

Home #: _____ Work #: _____ Cell #: _____

Relative or neighbor to be called if Parent/Guardian cannot be reached:

Name: _____ Phone#: _____