

Cardinal Hill Swim Team
Accident Release Form

Swimmer Information:

Name: _____ Age: _____

Address: _____ Birth Date: _____

Home Phone: _____

Parent Consent:

I consent to the participation of the above swimmer on the Cardinal Hill Swim Team and release Cardinal Hill Recreation Club, Cardinal Hill Swim Team, their coaches and parents from all liability for injury or accident arising out of participation in such activities.

Parent/Guardian Signature _____ Date _____

Physical Certification and Information:

I certify that the above swimmer is physically fit to participate on the Swim Team.

Parent/Guardian Signature _____ Date _____

In case of EMERGENCY, if parent CANNOT be reached at contact:

Name _____ Phone _____

If medical attention is needed, immediately contact:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

In case of emergency treatment, being necessary, can the program officials use their judgement in sending the swimmer to a hospital or to the doctor most quickly available before you are contacted? Yes _____ No _____

In case parent cannot be contacted, can treatment be administered? Yes _____ No _____

Are there any allergies or past medical history that is pertinent? Yes _____ No _____ If yes, please list _____.