All Star Aquatics
Medical Release Form 2007/2008

Name of Swimmer:_____ _____.
Last First

Parental Consent:
A parent or legal guardian for EACH swimmer of All Star Aquatics must sign this medical release form. If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE
I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____ (NAME OF SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION THAT WOULD IMPAIR PARTICIPATION IN THE AGREED ASA PROGRAM. IN CASE OF INJURY, I HEREBY GIVE ALL STAR AQUATICS AND ITS COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENESED PHYSICIAN, HOSPITAL, OR CLINIC FOR MY CHILD. IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY, I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESARRY. I ABSOLVE ALL STAR AQUATICS INC. AND ITS COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

_____ _____
Parent/Guardian Signature Participant Signature (if over the age of 18)

_____ _____.
Home Phone: Parents Daytime Phone:

_____ _____
Doctor's Name: Doctor's Phone

_____ _____
Emergency Contact Emergency Contact Phone

_____ _____
Emergency Contact Emergency Contact Phone

Parent/Guardian Insurance Information:

_____ _____
Company Name: Policy #:

Any Medical Conditions: _____
_____

Medication: _____
_____