



Medical Release Form:

Swimmers Name: _____ **Date:** _____
Practice Site: _____ **Group:** _____ **Coach:** _____

Parental Consent

This medical release form must be signed by a parent or a legal guardian for EACH swimmer on the Marlins of Raleigh Swim Team. If the swimmers 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 which would impair participation in the program. In case of injury, I hereby give the Marlins of Raleigh Swim Team (MOR) and its coaching staff permission to act on my behalf in seeking medical treatment from any licensed physician and/or surgeon, licensed dentist, hospital or clinic for my child in the event that such treatment is deemed necessary. I absolve Marlins of Raleigh Swim Team and its coaching staff from all liability while acting on my behalf in this regard. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. It is understood that I/we the undersigned are responsible for all charges for the above-mentioned diagnosis, treatment or hospital care.

Address	City/State	Zip
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Father's Name	Home Phone	Work Phone	Cell Phone
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Mother's Name	Home Phone	Work Phone	Cell Phone
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Emergency Contact Phone and Name	Insurance Co. and Policy Number
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Doctor's Name	Phone Number	Address
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Last Tetanus Booster/Allergies to Medications

Medications currently taking/Important Medical Info: _____

Swimmers Signature (if over the age of 18)	Parent/Guardian Signature	Date
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