

# Shelby United States Swimming

## SUSS Shelby

### Sharks

#### Permission & Medical Release Form August 2010-2011

#### EMERGENCY INFORMATION:

Swimmer's Name \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Emergency Contact (other than guardian) \_\_\_\_\_  
Relationship \_\_\_\_\_ Emergency Contact Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

#### SWIMMER MEDICAL INFORMATION

List any prevailing medical problems \_\_\_\_\_  
List any allergies \_\_\_\_\_  
Current medication(s) \_\_\_\_\_

#### GENERAL RELEASE/HOLD HARMLESS AGREEMENT

As the parent or legal guardian of the above swimmer:

1. I acknowledge the swimmer above desires to participate in the programs, events, and/or activities (hereinafter referred to as "Activities") operated, sponsored, or attended by the Shelby United States Swim Team (hereinafter referred to as "SUSS").
2. I acknowledge that participating in the Activities operated, sponsored or attended the SUSS often involves transportation to and from various locations.
3. I hereby consent for the above swimmer to participate in the Activities and authorize the SUSS to transport the above swimmer to and from various locations for Activities.
4. In the event the above swimmer is injured while participating in Activities or while being transported, I hereby authorized and consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care rendered under the general supervision and the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
5. I acknowledge the undersigned shall be liable to agree to pay all cost and expensed incurred in connection with such medical and dental services to the above swimmer pursuant to this authorization.
6. I understand that should it be necessary for the above swimmer to return home due to medical or disciplinary or other emergency reasons, the undersigned shall assume all transportation costs incurred.
7. In consideration of the SUSS allowing the above swimmer to participate in Activities, I do hereby release and forever discharge the SUSS, their coaches and any parties volunteering on behalf of the SUSS from all actions, claims, costs, expenses and damages of any nature whatsoever arising from or in connection with participation in or transportation to and from Activities.
8. As the undersigned, I understand it is my responsibility to update the Emergency Information included in this Permission and Medical Release Form.
9. I consent and give my permission for the SUSS to use and photographs and/or videotapes of the above swimmer for the use in any promotional material for the SUSS program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 2010

Print Name of Parent/Guardian \_\_\_\_\_

Team Representative \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 2010

Witness \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 2010