

EMERGENCY MEDICAL FORM AND CONSENT/RELEASE

Name of Swimmer: _____

I am the parent/guardian of the swimmer named above (“my Athlete”) and to the best of my knowledge state that he/she is physically fit to participate in the Blue Marlin Swim Team at the Georgia Aquatics Center (hereinafter “GAC”). I hereby consent to my Athlete practicing and competing in meets for the Blue Marlins Swim Team.

I understand and agree that by signing this Consent Form my Athlete and I agree to abide by the rules and regulations of GAC and any of the leagues or other organizations of which it is a member. I also understand and agree that by signing this form I release from liability the following: GAC and the Blue Marlin Swim Team, including its sponsors, employees, coaches and managers in connection with any injury to my Athlete.

I further agree that my Athlete 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 my Athlete in case of any accident.

I understand it is the responsibility of each parent/guardian to maintain sufficient insurance to adequately cover a child/minor participating in activities for GAC, and that GAG carries no activity insurance, and assumes no responsibility for such insurance.

Parent/Guardian

Date

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR USE IN CASE OF EMERGENCY

Name of Doctor: _____

Phone #: _____

Insurance: _____

Phone #: _____

Preferred Hospital: _____

Phone #: _____

Name of Dentist: _____

Phone #: _____

Does your child/minor have any medical conditions or allergies that the GAC management should be aware of, and does he/she require any special medications? 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 # _____