

RAMS SWIMMING CLUB

WWW.RAMSSWIMMING.COM

MEDICAL INFORMATION & EMERGENCY RELEASE FORM

Swimmer's Information

Swimmer's Name: _____

First _____ Last _____ Middle _____

Birth Date: ____/____/____

Home Address: _____
Street City/State Zip

Aside from parents listed in payment agreement, please indicate individuals you would like contacted if you could not be reached during an emergency.

Name: _____ Phone: _____
Cell phone: _____

Emergency Medical Release

I (we) hereby give our permission for _____ to participate in practice and meets with the RAM Swimming Club throughout the current season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches working with the group personally liable for any accident which may occur.

In case of a minor emergency to our child (cuts, scratches, headache, etc) I (we) give permission to the coaches to treat these as they deem necessary. In the event of a more serious injury, I give permission for it to be handled in the best manner as determined by the chaperons or coaches of RAMS until I am able to be contacted.

Signature of Parent or Guardian

Date

To the Attending Physician or Hospital:

Permission is hereby granted for you, at the discretion of the coaches of RAMS, to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

Please indicate "NONE" below if appropriate.

Allergies:

Other Medical Needs/Considerations:

Form 3

Insurance & Miscellaneous Information

Health Insurance Company:

Policy #: _____

Group #:

Name of Insured: _____

Relationship:

Swimmer's Physician: _____

Telephone:

Swimmer's Dentist: _____

Telephone: