

GREENWOOD SWIMMING  
2012 - 2013 Medical Release

Name of Swimmer: \_\_\_\_\_  
Date: \_\_\_\_\_

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 THE CASE OF INJURY, I HEREBY GIVE GREENWOOD SWIMMING AND ITS COACHING STAFF  
PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED  
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 NECESSARY.

I ABSOLVE GREENWOOD SWIMMING AND ITS COACHING STAFF FROM ALL LIABILITY WHILE ACTING  
ON MY BEHALF IN THIS REGARD

Additional comments: Please provide information regarding medical history, allergies, penicillin or drug reactions, etc. which  
may be needed by those rendering medical treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Information:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Parental Consent:

This medical release must be signed by a parent or legal guardian for EACH swimmer of Greenwood Swimming. If the  
swimmer is 18 years of age or older, the swimmer must also sign this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Swimmer's Signature (if over the age of 18)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Parents Daytime Phone

Emergency Contacts:

If parents are not available, please call the person or persons designated below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_