

MEDICAL RELEASE FORM

BEATRICE MARY FAMILY YMCA, BEATRICE BARRACUDA SWIM TEAM

I am the parent, guardian, or custodian of the swimmer named herein, and I consent to medical and surgical treatment during an emergency involving an immediate danger to the health and safety of the swimmer.

I authorize and empower the representatives of the Beatrice Mary Family YMCA and/or the Beatrice YMCA Barracuda Swim Team to act on my behalf during an emergency involving an immediate danger to the health and safety of the swimmer and those representatives are authorized to consent to medical and surgical treatment.

I hereby release, indemnify, and agree to hold harmless the Parkersburg YMCA and its representatives from any claims arising from such emergency medical treatment and from any source whatsoever during the period that the swimmer is participating in any practice, trip or activity sponsored or conducted by the Beatrice Mary Family YMCA and/or the Beatrice YMCA Barracuda Swim Team.

Swimmer's Name (Print): _____

Swimmer's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name (Print): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Swimmer's Physician: _____

Physician's Address: _____

Physician's Phone: _____ Insurance Coverage: _____

Policy Number: _____ (Attach copy of front & back of Insurance Card)

Any Known Food or Drug Allergies: _____

Any Known Illnesses: (example asthma, etc.,)

List of Current Medications:

