

APPLEWOOD SWIM AND TENNIS CLUB
EMERGENCY MEDICAL AUTHORIZATION FORM
PLEASE PRINT INFORMATION

MAKE SURE YOU SIGN FOR MEDICAL AUTHORIZATION AND WAIVER RELEASE

Swimmer's Name _____ **Birth date** _____

Age as of June 1st _____

Parents/Guardian _____

Address _____ **City** _____ **Zip Code** _____

Father Work Phone _____ **Cell Phone** _____

Mother Work Phone _____ **Cell Phone** _____

***EMAIL ADDRESS:** _____

In an emergency or injury, if parents/guardians cannot be contacted:

Notify _____ **Phone** _____

Family Doctor _____ **Phone** _____

Family Dentist _____ **Phone** _____

Allergies, medications being taken, physical impairments, etc. of which physicians should know:

1. I hereby give my consent permitting personnel to apply first aid treatment to my child until family physician can be contacted. **YES** _____ **NO** _____
2. In the event designated physician is not available, I hereby give my consent to personnel to secure another physician. **YES** _____ **NO** _____
3. I hereby give my consent to personnel to secure ambulance service and transfer my child to _____ (preferred hospital) or any hospital reasonably accessible.
YES _____ **NO** _____

NOTE: This authorization DOES NOT cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery.

SIGNATURE OF

DATE: _____ **PARENT/GUARDIAN** _____

***** WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT *****

In consideration of the above participant in the competitive swimming and/or tennis program., I agree to waive and release any and all claims for damage of any type which said participant might sustain arising out of such participation and to hold harmless and indemnify Applewood Swim and Tennis Club and its Board of Directors, their agents, employees, representatives, successors and signs, from any and all liability in connection therewith, including attorney's fees.

****Signature of Parent or Guardian**
