

2017 BTC Swim Team Medical Release Form

(Please fill out one form per swimmer and return to the Swim Team Staff)

Child's name: _____ Age: _____ Birthday: ____/____/____

Parent/Guardian Name(s): _____

Home Address: _____

Phone #1: _____ Phone #2: _____

Emergency Contact:

1.) Name: _____ Relationship: _____ Phone: _____

2.) Name: _____ Relationship: _____ Phone: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Allergies: _____

Medications: _____

Additional information the coaching staff should be aware of: _____

Waiver of Liability

I hereby release the CVSL and it's directors, the Burlington Tennis Club and it's employees and instructors, from any and all claims from injury or damage that may be sustained by me or my child(ren) from the use of the premises or equipment while participating in the swim team or in swimming instruction.

I represent hereby that my child(ren) is/are in good health and capable of participating in the swim team or in swimming instruction and will not do anything which will injure himself/herself (themselves) or others while engaged in the programs. I will hold the CVSL and the Burlington Tennis Club harmless in connection with his/her (their) participation.

If an accident or injury occurs, I will give Burlington Tennis Club and its staff permission to obtain medical attention and/or required treatment.

Parent's signature

Date