

MRST Medical Release 2011-2012 Season

P.O. Box 762

Middletown, NY 10940

Please complete in its entirety

SWIMMER'S FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ DOB: _____ Today's Date: _____

ALLERGIES: _____

PARENTAL CONSENT & MEDICAL RELEASE

MEDICAL RELEASE FORM MUST BE SIGNED BY PARENT or LEGAL GUARDIAN

I CERTIFY THAT, _____ (NAME OF SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE MRST PROGRAM. I UNDERSTAND THAT SWIMMING IS A HAZARDOUS SPORT, AND IN CASE OF AN EMERGENCY OR IF MY CHILD BECOMES ILL OR INJURED WHILE AT PRACTICE, A SWIM MEET, OR MRST ACTIVITY, THAT I HEREBY GIVE MIDDLETOWN RECREATION SWIM TEAM, INC., 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 THE MIDDLETOWN RECREATION SWIM TEAM, INC, ITS COACHING STAFF, BOARD OF DIRECTORS, PARENT VOLUNTEERS, MIDDLETOWN PARKS AND RECREATION DEPARTMENT AND THE ENLARGED CITY SCHOOL DISTRICT OF MIDDLETOWN FROM ALL LIABILITY WHILE MY CHILD IS A PARTICIPANT IN THE MRST PROGRAM AND WHILE ACTING ON MY BEHALF IN THIS REGARD.

Parent or Legal Guardian: (PRINTED) _____

Parent or Legal Guardian: (SIGNATURE) _____

Cell Phone Number(s): _____

If parent is not available, please contact person designated below:

Name: _____

Relationship to Swimmer: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Parent/Guardian Insurance Information:

Company Name: _____ Policy #: _____

Address: _____ Phone #: _____