

BCY TIGERSHARKS 2011-2012
AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE STATEMENT

PARENTS: This form has two purposes. First, it grants permission to the coach or coaches to obtain medical/dental treatment for your child should an injury occur while under the supervision of the coaches. Second, this form serves as a hold-harmless liability release statement, a necessary sign-off for YMCA of the Brandywine Valley, Board of Directors, and coaches. Please complete and return to us with your registration.

My signature below authorizes my permission as parent/guardian of

_____, my child/a minor for whom I have legal custody, for the holder of this form to obtain medical or dental care for the above-named minor as needed in my absence from a recognized medical facility and/or a licensed physician or dentist.

Medical Information on Swimmer

Existing medical problems, if any: _____

Special medical condition coaches should be aware of: _____

Allergies, if any: _____

Physician & phone #: _____

Dentist & phone #: _____

Medicine child is taking & directions: _____

Date of last tetanus shot: _____

Furthermore, recognizing the possibility of physical injury associated with swimming, my signature serves to release, discharge, and/or otherwise indemnify YMCA of the Brandywine Valley, its coaches, Board of Directors, and associated personnel of BCY against any claim by or on behalf of the above-named swimmer. This release shall be updated at the beginning of each winter season while the swimmer continues to practice and compete for BCY..

SIGNATURE of Parent/Guardian: _____ Date: _____