



AS&T Sports Program 2019 Medical Release Form

Please note: If your children have different last names, please complete a form for each last name.

PARENTS' NAME(S): _____

HOME PHONE: _____

ADDRESS: _____

CITY/ZIP: _____

WORK PHONE-FATHER: _____ MOTHER: _____

CELL PHONE - FATHER: _____ MOTHER: _____

HEALTH INSURANCE CO. _____ GROUP # _____

EXISTING MEDICAL CONDITIONS (SUCH AS ALLERGIES, MEDICATION ALLERGIES, OR CHILDREN OTHER SPECIAL PROBLEMS THAT SHOULD BE KNOWN)

FULL NAME	BIRTHDAY
1.	
2.	
3.	
4.	
5.	

* If a swimmer has special requirements or is on regular medication, please list swimmer's name and medication on the line below. Also, list any special instructions in case of illness or injury.

Please identify the Doctor or medical practice who is your child's pediatrician or primary care physician.

FAMILY DOCTOR: _____ PHONE: _____

ADDRESS: _____

If you are unable to contact the doctor, please accept this letter as your authority to use the Doctor on call in the Emergency Room for any necessary emergency medical treatment.

I, _____, the parent or legal guardian of the above listed child/children, give my permission and approval for participation of above named child/children, in any and all activities sponsored by AS&T and I assume all risk and hazard incident to such participation, including transportation to and from such activities. I waive, release, indemnify and agree to hold harmless the AS&T Coaches, Assistant Coaches, Employees, Club Officers, officials, participants and parents from any claim arising out of injury to my child/children while participation in any and all activities, including, but not limited to transportation to and from all practice and competitive meets sponsored by the AS&T.

I know of no impairment or deficiency, physical health or otherwise, that would limit or prohibit my child/children from participating in practice sessions and competing with other children. I agree to advise and make known to the AS&T Officials and Coaches any change in the physical health or any other condition that would limit or prohibit my child/children from participating in practice sessions and competing with other children.

PARENT'S SIGNATURE: _____ DATE: _____