



## AS&T Sports Program 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.

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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: \_\_\_\_\_