

MEDICAL INFORMATION – (SEPT. 2010 - AUGUST 2011)

Swimmer's Name: _____

Practice Group: _____ Pool: _____

Address _____

Emergency Contact _____ Phone _____

Preferred Hospital _____

1. Do you have: (If yes, please describe.)

Physical disabilities _____

Chronic Illness _____

Convulsions or Seizures _____

Other Medical Problems _____

Allergies _____

2. Date of last tetanus shot: ____/____/____

3. Are you presently under a doctor's care? _____

4. Do you regularly take any medication? _____

5. My child may be administered an (adult-child) dosage of :

Tylenol Aspirin Ibuprofen Pepto-Bismol Other _____

(Please check as many as apply)

If the Parkway Swim Team representatives are unable to contact a parent or the named Emergency contact at the time of an accident or illness, I give my permission for my child _____, date of birth ____/____/____, to be taken to the nearest hospital or medical center for emergency treatment. I agree to assume full financial responsibility for all costs associated with transportation, examination or treatment, and I hereby specifically consent to the performance of any medical procedure by licensed physicians upon a finding of need.

I hereby release The Parkway Swim Club, its officers and its employees from any and all Liability associated with the performance of their responsibilities hereunder.

_____ Date ____/____/____

Parent or Guardian Signature

PLEASE COMPLETE AND SIGN BOTH SIDES OF THIS FORM.

CONSENT TO URGENT MEDICAL TREATMENT

Pursuant to Sections 431.061-431.063, R.S. Mo.

MEDICAL INFORMATION:

Child's Name: _____ DOB: ____/____/____ Last Tetanus Shot: ____/____/____

Special Medical Conditions/Allergies: _____

Name of child's physician: _____ Phone: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

For Certifications call: _____

To Verify Eligibility call: _____

The undersigned, being the parent/s of _____, do hereby expressly authorize an agent of Parkway Swim Club to provide any and all urgent medical care and treatment for our child. This authorization includes admission to any hospital if, at time of injury or illness in my absence, a physician determines such hospitalization is necessary. The undersigned agree(s) to pay for all medical expenses or other charges incurred on behalf of my/our child.

Mother's Signature _____ Date _____

Mother's Place of Employment Business Phone Home Phone _____

OR Father's Signature _____ Date _____

Father's Place of Employment Business Phone Home Phone _____

Subscribed and sworn to before me _____

Notary Public

Date

RELEASE AND WAIVER OF LIABILITY CLAIMS

The undersigned,

_____ OR, _____ of _____

Mother

Father

Child

For and in consideration for being permitted to participate in activities with and obtaining services from United States Swimming, Ozark Swimming, Parkway Swim Club and Parkway School District, and any directors, officers, employees and agents of United States Swimming, Ozark Swimming, the Parkway Swim Club, and the Parkway School District (hereafter collectively referred to as the "the Swim Club") hereby release the Swim Club; and do hereby on their/his/her own behalf and on behalf of their/his/her child release, acquit, and waive any claim for liability against the Swim Club, their directors, officers, employees, and agents from any and all claims, demands, damages, actions, or causes of action, whether or not now known or contemplated, on account of any personal injuries sustained or suffered by the undersigned or their child caused by or due to the future negligence or fault of the Swim Club, arising from said child's participation in or obtaining services from the Swim Club, including any event, travel, practice, or any other activity related to or involving the Swim Club. The undersigned acknowledge that they understand that from time to time and on different occasions and at different locations said child may participate in a Swim Club event, practice, or any other activity related to or involving the Swim Club. It is expressly understood and agreed that this Release, Waiver of Liability Claims and Covenant Not To Sue is intended to cover and does cover not only all known injuries, losses and damages but any future injuries, losses and damages not now known or anticipated but which may later develop or be discovered, including the effects and consequences thereof. It is further expressly understood and agreed that as against the undersigned, their/his/her, heirs, executors, administrators, personal representatives and assigns, this Release, Waiver of Liability Claims and Covenant Not To Sue may be pleaded as a counterclaim to or as a defense in bar or abatement of any action taken by or on behalf of the undersigned or said child. In the event it is necessary for a counterclaim to be asserted or for any other action to be taken to enforce the provisions of the Release, Waiver of Liability Claims and Covenant Not To Sue granted herein, the undersigned hereby agrees to indemnify and hold harmless the parties named above against all loss or expense incurred in connection therewith, including the payment of attorney's fees. It is further understood that the undersigned shall defend, indemnify and hold the Swim Club harmless from and against any claims asserted by, on behalf of, or through the undersigned or their/his/her child, including claims that the negligence of the Swim Club caused or contributed to cause, in whole or in part, any personal injuries sustained or suffered by the undersigned or their/his/her child.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND ITS PROVISIONS.

Mother (signature) OR Father (signature)

Date