

UVRays Medical Release Form & Code of Conduct Acceptance

Name of Swimmer:	Birthdate:	Home Phone:
Mother's Name:	Mother's Cell Phone:	Mother's Work Phone:
Father's Name:	Father's Cell Phone:	Father's Work Phone:
Physician's Name:	Physician's Phone:	Preferred Hospital:
Emergency Contact Name (other than parent):	Relationship to swimmer:	Emergency Contact Phone:
Dentist Name:	Dentist Phone:	
Insurance Company:	Insurance Phone:	Name of Insured:
Insurance Address:	Group Number:	Policy Number:

Allergies? Y N If yes, list _____

Medications? Y N If yes, list _____

Asthma: Y N Diabetes: Y N Seizures: Y N Heart Disease: Y N Glasses: Y N Contacts: Y N

List any other medical conditions that we should be aware of: _____

Medical Release

I certify that, to the best of my knowledge and belief, _____ (name of swimmer) is in good physical condition and has no condition which would impair participation in the program. In case of injury, I hereby give the UVRays Swim Club 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 even that such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. I absolve UVRays and its coaching staff from all liability while acting on my behalf in this regard.

_____/_____
Participant Signature (if over the age of 18) Date

_____/_____
Parent/Guardian Signature Date

Code of Conduct Acceptance

I have read and understand the UVRays Code of Conduct and hereby agree to abide by the rules of conduct as set forth in Part I and acknowledge that, should I violate any provision in Part I, I will be subject to disciplinary action, as set forth in Part II.

_____/_____
Signature of Swimmer Date

_____/_____
Signature of Parent Date