TEAM SUFFOLK/HALF HOLLOW HILLS SWIM CLUB
3 St George Court Melville NY 11747
2011/2012 SWIMMER MEDICAL RELEASE FORM

Swimmer #1:

(Last Name, First Name) Insurance ID#

____ Yes ____ No: The above named child is in good general health and able to participate in the Team Suffolk/Half Hollow Hills competitive swim program.

Swimmer #2:

(Last Name, First Name) Insurance ID#

____ Yes ____ No: The above named child is in good general health and able to participate in the Team Suffolk/Half Hollow Hills competitive swim program.

Swimmer #3:

(Last Name, First Name) Insurance ID#

____ Yes ____ No: The above named child is in good general health and able to participate in the Team Suffolk/Half Hollow Hills competitive swim program.

Swimmer #4:

(Last Name, First Name) Insurance ID#

____ Yes ____ No: The above named child is in good general health and able to participate in the Team Suffolk/Half Hollow Hills competitive swim program.

Name of Insurance Company

Address of Insurance Company

Phone Number of Insurance Company

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE NAMED SWIMMER(S) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE THE TEAM SUFFOLK/HALF HOLLOW HILLS SWIM CLUB (THE "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 EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE THE CLUB AND ITS COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Parent/Guardian Signature: _____ Date: _____