

**ONE FORM PER FAMILY**  
**EMERGENCY CONTACT INFORMATION**

**FAMILY NAME** \_\_\_\_\_ **Child/ren Name** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

List any medical condition of which the coaching staff should be aware of, including medications: (i.e., diabetes, seizure disorders, asthma, allergies, etc.)

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**WESTERN SPRINGS SWIM TEAM CONSENT AND WAIVER AND  
CONSENT FOR TREATMENT OF A MINOR**

I, the undersigned, as the parent/guardian of a minor child(ren), hereby consent to his/her participation on the 2009 Western Springs Swim Team. I realize and understand that competitive swimming can be and is a dangerous sport and may involve injury (including severe injury and/or death). I hereby authorize any individual acting on behalf of Western Springs Service Club (formally or informally) to act for me according to their reasonable judgment in any emergency requiring medical attention and I understand the inherent risks associated with my child's participation on the swim team and hereby release, to the fullest extent permitted by law, the Western Springs Service Club, its officers, directors and members, as well as any employees and/or volunteers assisting in such activities, from any and all liability associated with such participation (including my child's participation in such other activities reasonably associated therewith). I further agree to indemnify the aforementioned parties against any liability that may result from my child's participation. I have no knowledge of any physical impairment that would be affected by the above-named swimmer's participation on the swim team. I also understand that the swim team and Western Springs Service Club retain the right to use publicity and advertising purposes, photographs of swimmers taken at swim team functions. I, the undersigned, as the parent/guardian of the aforementioned child, hereby authorize any physician designated by the Western Springs Service Club (or by any individual acting in any capacity associated therewith, whether formal or informal) to perform such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to ensure the safety of my child. It is distinctly agreed and understood that the medical personnel participating in the care of my child shall not be responsible in any way for any consequences resulting from said diagnostic, medical and/or surgical treatment and are fully released from any and all consequences of such treatment, diagnosis, or surgery, provided that these duties are performed with ordinary care and to the best of their ability.

I hereby acknowledge that the aforementioned minor child(ren) is/are covered by medical insurance as follows:

Ins. Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Signature (parent/guardian) \_\_\_\_\_

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**FINANCIAL SUMMARY**

Swimmer Name _____	\$100.00
Swimmer Name _____	75.00
Swimmer Name _____	50.00
Swimmer Name _____	0.00

Total Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_