

**PONY EXPRESS SWIM TEAM
MEDICAL RELEASE FORM**

_____ (Athlete name) has my permission and consent to travel and participate in USA Swimming sanctioned swim meets with the Pony Express Swim Team.

I further waive all claims for injury, accident, or liability of any kind for the above-mentioned swimmer, and in case of an accident or injury in any way resulting, directly or indirectly from participation in such program, hold harmless from any liability therefore the Pony Express Swim Team, its board of directors, officers, coaches, chaperones, managers, or any other person or persons in any way connected or associated with the program.

Furthermore, in case of emergency medical attention which may be required, I authorize the adult coaches, chaperones, and/or other adults traveling in an official capacity with the team to act for me according to their best judgment and ability.

_____ Date: _____
(Signature of Parent or Guardian)

MEDICAL INFORMATION:

List medication and dosage the swimmer is taking now _____

Pre-existing conditions (asthma, epilepsy, etc.) _____

Allergies (include medicines needed): _____

Other pertinent information the coach, and others in charge, should know about the swimmer: _____

Physician's Name: _____ (_____) _____
Please Print Phone Number

Name of Parent or Guardian: _____
Please Print

Address: _____

Phone: _____ Cell Phone: _____

Emergency contact: _____ Phone: _____

