

HOMEWOOD FLOSSMOOR SWIM CLUB
Emergency Medical Information
Parental Consent/Liability Release

Swimmer/Player Information:

Last Name	First Name	MI	Gender	Birth Date	Age
Last Name	First Name	MI	Gender	Birth Date	Age
Last Name	First Name	MI	Gender	Birth Date	Age
Last Name	First Name	MI	Gender	Birth Date	Age

(Please list additional family swimmers on the back of this form.)

Address _____ Home Phone _____
_____ Cell Phone _____
City _____ State _____ Zip Code _____

Father's Employer _____ Phone _____
Mother's Employer _____ Phone _____

Emergency Contact if parent or guardian cannot be reached:
Name _____ Phone _____
Name _____ Phone _____
Family Physician _____ Phone _____

Is any child allergic to any medications? If yes, explain on the reverse. _____
Does the child have any medical conditions (e.g., asthma)? If yes, explain on the reverse. _____
Insurance Company _____ Phone _____
Insurance ID/Policy Number _____

In the event of injury to any of the children identified above, I hereby give my consent for Homewood Flossmoor Swim Club (the "Club") personnel to provide the child with emergency medical assistance or treatment and agree to be financially responsible for the cost of such assistance or treatment.

I hereby give consent for the above-mentioned child/children to participate as a member of the Club during the current season and assume all risks incidental to such participation. I do further hereby waive, release, absolve, indemnify and agree to hold harmless the Club, its officers, directors, employees and their representatives and successors, from any liability or claims arising from any injury to any such child.

At times, the Club may take photographs of swimmers during the course of the season for the purpose of publishing them in local newspapers, on the Internet or other forms of media for the purpose of promoting the Club. By signing this form and not checking the space below, I give the Club permission to use my child's/children's photographs for the reasons stated above.

[] I do not want my child's/children's picture published in any form of media.

Signature of parent or guardian _____
Date