

Lake Sherwood Club Swim Team Health Form

Must be signed and on file in order to participate in Swim Team

Name _____ Nickname _____ DOB _____

Physician _____ Phone _____

Allergies _____

Is your child taking any medications? _____

Does your child have any physical limitations? _____

Does your child have any behavioral problems? _____

Is there anything you want us to know about your child? _____ Please use back

Parent/Guardian name: _____ Email address _____

Home Phone _____ Work _____ Cell _____

Mailing Address _____ City & Zip _____

Emergency Contact _____ (other than parent)

Home phone _____ Work _____ Cell _____

Please review carefully before signing

This information relates to The Lake Sherwood Club Swim Team program (LSCST) All information on this form is correct and complete to the best of my knowledge.

As legal guardian of this child, I give my permission for him/her to attend the activities sponsored by the LSCST and be transported for program activities.

I understand that my child is expected to follow the instructions given by the swim team staff, including but not limited to instruction on proper techniques and restrictions on potentially dangerous behaviors.

I give my permission for the physician named here _____ (or if necessary, one selected by the swim team staff) to provide medical treatment for my child.

Lake Sherwood Club (LSC) and LSCST have my permission to use photographs taken during the program season for PR & advertisements.

I know that swimming involves water and can be a potentially dangerous sport, and that every reasonable and customary precaution will be taken to assure the safety of all participants.

I waive all claims in the event of accident or injury, absolving LSCST, LSC and the Sherwood Lake Association (SLA) and all individuals thereof from responsibility.

If I bring legal action against LSCST, LSC, or SLA, or their employees and volunteers, and LSCST, LSC, SLA and /or their employees and volunteers are found to be not at fault, I agree to pay any legal costs or other costs incurred by the defendants to defend such action.

I am responsible for reviewing and keeping this statement up to date. It is in force until I revoke it.

Signed (parent/guardian) _____ Date _____