



## **Medical Release Form and Waiver – Travel Meets and ASA Events**

### **Medical Release**

I certify and believe that, to the best of my knowledge, \_\_\_\_\_ (Name of Swimmer) is in good physical condition and has no condition that would impair participation. I acknowledge that completion of this Medical Release Form and Waiver is a condition of my child's participation in these activities.

In the event of an accident, injury, or illness, and if the parent/legal guardian and emergency contact identified below cannot be reached immediately, I hereby give permission to All Star Aquatics and its coaching staff to seek medical treatment on behalf of my child, \_\_\_\_\_, from any licensed physician, hospital, or clinic, and authorize any medical treatment deemed necessary. If my child is transported for emergency medical treatment, I hereby give permission to the All Star Aquatics coaching staff to accompany my child and to travel with them via ambulance/EMS. This authorization shall be in effect throughout the 2024-2025 swim season. Furthermore, I, the undersigned, will assume full responsibility for all medical costs incurred by my child.

### **Waiver**

I agree to waive and release All Star Aquatics and its coaching staff from all rights and claims for damages, injury, or loss to person or property that may be sustained during the swimmer's participation in travel swim meets and other events attended by the All Star Aquatics swim team.

### **Medical Information**

**Swimmer's Name** \_\_\_\_\_

**Swimmer's Birthdate:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Parent/Legal Guardian's Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Parent/Legal Guardian's Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**If parents are not immediately available, please call the person designated below:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_

**Insurance Co. Phone Number:** \_\_\_\_\_

**Physician/Pediatrician Name:** \_\_\_\_\_

**Physician/Pediatrician Phone Number:** \_\_\_\_\_

**Physician/Pediatrician Hospital:** \_\_\_\_\_

**List any medical conditions that the coaching staff should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

**List any medication allergies:** \_\_\_\_\_

**List any prescription medications used:**

\_\_\_\_\_

**List any over-the-counter medications used:**

\_\_\_\_\_

**List any food allergies:** \_\_\_\_\_

**Does the swimmer require a special diet (e.g., gluten free, vegetarian)? If yes, specify.**

\_\_\_\_\_

\_\_\_\_\_  
**\*\*Participant Signature  
(if over the age of 18)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature  
(same as who filled out form)**

\_\_\_\_\_  
**Date**

*\*\* The medical release form must be signed by a parent or legal guardian for EACH swimmer of All Star Aquatics. If the swimmer is 18 years of age or older, the swimmer must also sign this form.*