

# 2008 Swim Team Release Form

Lewes Yacht Club Swim Team  
Emergency Treatment Data

Date \_\_\_\_\_

Swimmer Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Winter Address \_\_\_\_\_ Summer Address \_\_\_\_\_

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

Telephone# \_\_\_\_\_ Telephone# \_\_\_\_\_

Member of LYC? YES \_\_\_\_\_ NO \_\_\_\_\_

Parents/Guardians with who swimmer resides at above addresses:

Father/Guardian \_\_\_\_\_

Work Place \_\_\_\_\_ Telephone# \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Work Place \_\_\_\_\_ Telephone# \_\_\_\_\_

IF PARENTS/GUARDIANS CANNOT BE REACHED, CALL (name, address, phone#):

1. \_\_\_\_\_

2. \_\_\_\_\_

HAVE YOU EVER...? YES NO EXPLAIN

\*Had an operation

\*Had a serious injury

\*Had a fracture or sprain

\*Had a concussion, head injury, seizures or been unconscious

\*Had any chest trouble or asthma

\*Had any heart disease or history of family heart disease

\*Been restricted in athletics for medical reasons

\*Had any unfavorable reaction to drugs, antibiotics, medicine

DO YOU NOW USE OR HAVE...?

\*Dental Braces, False Teeth

\*A Hearing Aid or Hearing Loss

\*Contact Lenses or Glasses

ARE YOU PRESENTLY TAKING MEDICATIONS?

IF YES, WHAT ARE THEY?

DATE OF LAST TETANUS BOOSTER \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ TEL. # \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ TEL.# \_\_\_\_\_

INDICATE SWIMMER'S SERIOUS MEDICAL PROBLEMS

\_\_\_\_\_

IF ALLERGIC TO ANY SUBSTANCE, INDICATE

\_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_

The LYC Swim Team will follow emergency procedures with the lifeguards on duty in caring for you child if he/she becomes sick or injured at practice.

If I cannot be reached, I agree to assume all expenses for moving and medically treating this swimmer. I also hereby consent to and sanction any treatment surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*IMPORTANT\*\*\*This form must be completed in its entirety and by signing the form, it is acknowledged to have been read and understood.