

**Dominion Hills Swim Team**  
**– Summer 2011 –**

**Medical Authorization, Permission, and Emergency Information Form**

Directions: This form must be completed in full by all parents/guardians of current and prospective swim team members before your child may join the swim team and/or participate in any practices or meets. This completed form should be returned along with your registration to a team rep.

**Names:**

\_\_\_\_\_

Swimmer 1

\_\_\_\_\_

Swimmer 2

\_\_\_\_\_

Swimmer 3

\_\_\_\_\_

Swimmer 4

**Emergency Contact Information:**

\_\_\_\_\_

Emergency Contact

\_\_\_\_\_

Relationship to Team Members(s)

Phone (H): \_\_\_\_\_

(W): \_\_\_\_\_

(Cell): \_\_\_\_\_

**Permission Statement:**

I hereby give permission for my child(ren) to travel on any Dominion Hills Swim Team trip, and release the Dominion Hills Recreation Association (DHARA), its agents, the Dominion Hills Swim Team Representatives and Coaches, and any parents or other volunteers involved in such trips from liability for both injury or damage that my child(ren) may sustain during the trip. (It is important that both parents sign this permission form.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Medical Release:**

In case of emergency and in the event that the above contacts are not available, I delegate authority and give my consent to the Dominion Hills Swim Team Representatives and/or Coaches, or to their specified agents to arrange any necessary emergency medical care, the cost of which will be the parent's responsibility. (It is important that both parents sign this permission form.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

***Insurance Information***

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy/Group Number