

MENTOR SWIM TEAM REGISTRATION

In consideration of acceptance of the City of Mentor Swim Team, I, the undersigned (an electronic acceptance is used in lieu of a signature), on behalf of myself, my heirs, and administrators forever do release and waive all rights and claims for damage or recompense due to injury growing out of participation/spectatorship in the swimming program insofar as the City of Mentor Parks and Recreation is concerned. Acceptance via electronic signature further attests that the swimmer(s) is/are physically and psychologically healthy to participate in the sport of swimming.

PART 1

EMERGENCY MEDICAL AUTHORIZATION – GRANTING CONSENT:

In the event reasonable attempts to contact me at _____(Home) or _____ (Work) or _____ (Cell) have been unsuccessful, I hereby consent for:

- 1) The administration of any treatment deemed necessary by a physician or dentist
- 2) The transfer of the child to any hospital reasonably accessible

This authorization does not cover major surgery unless the medical opinion of two licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history, including allergies, medication being taken at present, and any physical impairment to which swimming coaches or physicians should be alerted.

Swimmer’s name: _____ Fact: _____

Swimmer’s name: _____ Fact: _____

Swimmer’s name: _____ Fact: _____

Medical Insurance Carrier _____ ID or Group or Contract # _____

Parent / Guardian Acceptance (Y / N) _____

PART II

EMERGENCY MEDICAL AUTHORIZATION – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness/injury requiring emergency treatment, I want the City authorities to TAKE NO ACTION or TO DO THE FOLLOWING: _____

Parent / Guardian Acceptance (Y / N) _____