



EMERGENCY MEDICAL RELEASE

In case of emergency, I understand that every effort will be made to contact me, the parents/guardians of the swimmer. In the event that I cannot be reached, I hereby authorize emergency care for my child during participation in the DANY Dolphins Swim Team program, if treatment is deemed necessary for injury or illness. I hereby give permission to the attending physician to hospitalize and/or secure proper treatment for my child. I understand that I am financially responsible for any expense for medical care incurred on my child's behalf. I hereby release the DANY Dolphins Swim Team program, the Danville Family YMCA, and its employees from any responsibilities for injuries incurred during my child's participation in the DANY Dolphins Swim Team.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Swimmer's Name: _____

In the event of an emergency, the persons listed below may be called in the following order:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Allergies: _____

Any medications currently prescribed pertinent to swimming (asthma, diabetes, etc.):

Please describe any medical problem or concern: _____

Family Doctor: _____ Phone: _____