



2011 Medical Release Form
Code of Conduct Acknowledgment

Swimmer's Name(s):

Last, First: _____

Last, First: _____

Last, First: _____

MEDICAL RELEASE

As the parent or legal guardian of the above named swimmer(s), I hereby consent to emergency medical treatment to be performed by a licensed physician under any condition judged by adult supervision to be required to protect my child's health and well-being, and where by specific consent is not available. _____(initial)

Physician's Name: _____

Physician's Phone Number: _____

Medical Concerns: _____

Emergency Contact Information:

Name of Contact: _____

Phone Number of Contact: _____

I/We release, discharge, hold harmless and/or otherwise indemnify the Sauk Prairie Pool Sharks, Inc., team, sponsors, coaches, volunteers, Board of Directors, and any other personnel against any claim by or on behalf of the SWIMMER(S) named above as a result of the SWIMMER'S participation in the programs or while being transported to or from the same, said transportation hereby being specifically authorized by the team representative.

Parent/Guardian Signature: _____

Date: _____

CODE OF CONDUCT

I/we understand it is our responsibility to review the code of conduct with our child/children and that he/she/they will be held accountable for their actions. _____(initial)