

**APPLEWOOD SWIM AND TENNIS CLUB**  
**EMERGENCY MEDICAL AUTHORIZATION FORM**  
**PLEASE PRINT INFORMATION**

**MAKE SURE YOU SIGN FOR MEDICAL AUTHORIZATION AND WAIVER RELEASE**

**Swimmer's Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Age as of June 1<sup>st</sup>** \_\_\_\_\_

**Parents/Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Father Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mother Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**\*EMAIL ADDRESS:** \_\_\_\_\_

*In an emergency or injury, if parents/guardians cannot be contacted:*

**Notify** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Family Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

*Allergies, medications being taken, physical impairments, etc. of which physicians should know:*

1. I hereby give my consent permitting personnel to apply first aid treatment to my child until family physician can be contacted.      **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
2. In the event designated physician is not available, I hereby give my consent to personnel to secure another physician.      **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
3. I hereby give my consent to personnel to secure ambulance service and transfer my child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.      **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

NOTE: This authorization DOES NOT cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery.

**SIGNATURE OF**

**DATE:** \_\_\_\_\_ **PARENT/GUARDIAN** \_\_\_\_\_

\*\*\*\*\* WAIVER. RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of the above participant in the competitive swimming and/or tennis program., I agree to waive and release any and all claims for damage of any type which said participant might sustain arising out of such participation and to hold harmless and indemnify Applewood Swim and Tennis Club and its Board of Directors, their agents, employees, representatives, successors and signs, from any and all liability in connection therewith, including attorney's fees.

**\*\*Signature of Parent or Guardian**

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