

MIDDLETOWN RECREATION SWIM TEAM
(MRST)
P.O. Box 762
Middletown, New York 10940
2010-2011 Season

TEAM MEDICAL RELEASE FORM
Please complete in its entirety

Swimmer's Name: _____

Address: _____

Home Phone # _____ Date of Birth: _____ today's Date: _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for **EACH** swimmer of the Middletown Recreation Swim Team.
If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____ (NAME OF SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE MIDDLETOWN RECREATION SWIM TEAM, INC AND ITS COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE MIDDLETOWN RECREATION SWIM TEAM, INC, ITS COACHING STAFF, BOARD OF DIRECTORS, PARENT VOLUNTEERS, MIDDLETOWN PARKS AND RECREATION DEPARTMENT AND THE ENLARGED CITY SCHOOL DISTRICT OF MIDDLETOWN FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Parent Signature _____

Today's Date _____

Parent Home Phone _____

Cell Phone _____

If parent is not available, please contact person designated below:

Name: _____

Relationship to Swimmer: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, asthma, seizure, etc., which may be needed in rendering medical treatment: _____

Parent/Guardian Insurance Information:

Company Name: _____ Policy #: _____

Address: _____ Phone #: _____