

BCC Summer of '10 Medical Release Form

(Please fill out one form per swimmer and return to Swim team Staff)

Child's name: _____ Birthday: __/__/____

Parent's Names: _____ & _____

Home Address: _____

Phone: (h) _____ (w) _____ (cell) _____

Emergency Contact:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Allergies: _____

Medications: _____

Additional information the coaches should be aware of

Waiver of Liability

I hereby release Burlington Country Club including their employees and instructors from any and all claims from injury or damage that may be sustained by me or my child(ren) from the use of the premises or equipment while participating in the swim team or in swimming instruction.

I represent hereby that my child(ren) is (are) in good health and capable of participating in the swim team or in swimming instruction and will not do anything which will injure himself/herself (themselves) or others while engaged in the programs. I will hold Burlington Country Club harmless in connection with his/her (their) participation.

If an accident or injury occurs, I will give the Burlington Country Club and its staff permission to obtain medical attention and/or required treatment.

Parent's signature

Date