

**COLES CROSSING CROCODILES SWIM TEAM  
MEDICAL FORM**

Swimmer's name: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Family Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL HISTORY**

(All information will remain confidential)

Taking Medication? \_\_\_\_\_ Allergies to Medication? \_\_\_\_\_ Asthma? \_\_\_\_\_

Under Physician's care? \_\_\_\_\_ Recently Hospitalized? \_\_\_\_\_ Serious Injuries? \_\_\_\_\_

Do you have special needs? \_\_\_\_\_

Have you ever blacked out or lost consciousness during physical activity? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**MEDICAL AUTHORIZATION**

I grant permission for my child's coach, assistant coach, or responsible adult to obtain medical care for my child in my absence.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**RELEASE FORM**

I certify that the above information is correct and consent to the participation of the above named swimmer in the Coles Crossing Crocodiles swim program. I waive, release, absolve, indemnify and agree to hold harmless the Coles Crossing Crocodiles swim program and its coaches, directors and supervisors for any claim arising out of injury to my child.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date