

PARENT/GUARDIAN PERMISSION & WAIVER FORM

Please Print

Swimmer #1 Name: _____

Swimmer #2 Name: _____

Swimmer #3 Name: _____

Insurance Coverage:

Name of Insurance Company: _____

Policy Number: _____

Parent/Guardian Contact Information:

Name: _____

Mobile Phone: _____ Home Phone Number: _____

Relationship to Team Member: _____

The undersigned releases from any liability, Dennis Drake, Drake Aquatics, or any other persons associated with Drake Aquatics, for any expenses, charges, or other costs or claims for damages or injury arising from participation in the class, clinic, or training session.

The undersigned is aware of the potential for physical injury during participation of the class, clinic, or training session. The undersigned guarantees that the participant is appropriately covered by the medical insurance policy specified above.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

AUTHORIZATION FOR MEDICAL TREATMENT

Please Print

Swimmer #1 Name: _____

Gender: _____ Age: _____

Allergies and Special Medical Conditions:

Swimmer #2 Name: _____

Gender: _____ Age: _____

Allergies and Special Medical Conditions:

Swimmer #3 Name: _____

Gender: _____ Age: _____

Allergies and Special Medical Conditions:

I, the Parent/Legal Guardian of the above named participant(s), do hereby appoint **Dennis Drake or Drake Aquatics instructors** to act on my behalf in authorizing unexpected medical and or hospital care, excluding major elective surgery, for the above named participants during a period of my absence.

Signature Parent/Legal Guardian

Date

Printed Name Parent/Legal Guardian