

**Please Print Clearly**

**Medical Information and Waiver Form**

Doctor's Name:

Doctor's Phone:

*Emergency Contact Other than Parents:*

Name:

Phone:

Preferred Hospital:

Swimmer's First Name	Swimmer's First Name	Swimmer's First Name
Medical Condition	Medical Condition	Medical Condition
Medications	Medications	Medications

I hereby give permission for emergency medical treatment of my child(ren) and will be responsible for payment of any bills. As Parent/Legal Guardian, and in consideration of acceptance of membership in the Jenison Age Group Swim Program, I hereby, for myself, my child(ren), heirs, administrators and assigns, waive and release any and all claims against the Jenison Age Group Swim Program, for injuries, and expenses incurred by my child(ren) and myself at swim practices, swim meets, and on the road to and from said swim meets. My child(ren) is a bonafide amateur athlete and is eligible to compete in all events entered. I will furnish a certified birth certificate for my child(ren) upon request of program officials.

Signed:	Date:
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