

Claude Moore Aquatics Club Water Polo team 2009-2010 Emergency Medical Form

Warning to Registrants and Parents

I, the parent/guardian and the registrant, a minor, to assume full responsibility and liability as follows: Recognizing the possibility of physical injury associated with water polo and in consideration for the Claude Moore Aquatics Club Water Polo team accepting the registrant for its water polo programs and activities "the Programs", I hereby release, discharge and/or otherwise indemnify the Claude Moore Aquatics Club Water Polo team, affiliated organizations, their employees and associated personnel, including the owners of the pools and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name of Parent/Legal Guardian (please print)

Signature

Date

Emergency Medical Authorization

The Claude Moore Aquatics Club Water Polo team feels it desirable to provide club coaches with the parents or guardians' permission to sign the necessary authorization for emergency treatment if it may be necessary. It is understood that in all cases the officials will attempt to secure the advice of the parent by telephone before using the authorization given by this form. This authorization is similar to that which a number of parents furnish to friends or relatives in whose care their children may be left.

Our permission is hereby given to the coach or representative of the Claude Moore Aquatics Club Water Polo team to authorize by his or her signature whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving

while this child is participating in the Claude Moore Aquatics Club Water Polo program.

Parent/Guardian (Please circle to specify)

Date

Work Telephone

Home Telephone

Home street address

City

State

Zip

Family Physician Name

Telephone

Medical Insurance Company

Policy/Group Number

Person to be contacted in case of emergency and parents are unavailable:

Name

Relationship

Work Telephone

Home Telephone

Signature Parent/Guardian

Date