

Pleasanton Meadows Swim Team
CONSENT FOR MEDICAL CARE AND REGISTRATION

Last Name	Parent's Name	Home Phone
_____	_____	_____
Address	City	Zip
_____	_____	_____
Father's Day Phone	Mother's Day Phone	Email Address (MANDATORY)
_____	_____	_____

	Child	Last Name	Birth Date	Age Group	Sex
1 st :	_____	_____	_____	_____	_____
2 nd :	_____	_____	_____	_____	_____
3 rd :	_____	_____	_____	_____	_____
4 th :	_____	_____	_____	_____	_____

Emergency Contact: _____ Phone: _____

Medications: _____

Special Medical Needs: _____

Regular Physician: _____ Phone: _____

I, the parents or guardians of the above named swimmer(s), hereby give my permission for him/her to participate in any and all of the activities of the Pleasanton Meadows Swim Team during this season. I hereby agree to assume all risk and hazards which may result from his/her participation. I further absolve and release the Pleasanton Meadows Swim Team and the Pleasanton Meadows Cabana Club, and any persons connected with them, of any responsibility for any accident or injury as a result of his/her participation in any and all activities, including transportation to and from events. By signing below, you will be authorizing a doctor to examine and treat your child in case of accident or illness when parents or guardians cannot be present. Every effort will be made to contact a parent or guardian in case of emergency. I understand and acknowledge that although the Pleasanton Meadows Cabana Club carries liability insurance coverage as stated in the excess insurance provision of the insurance policy, such coverage is secondary to each individual's personal insurance coverage.

I also understand that once the swim season starts, there will be no refunds.

Signed:
