

Medical Consent & Emergency Contact Form

Child's Last Name: _____ First: _____
DOB ___/___/___ SEX _____

Additional Child's Last Name: _____ First: _____
DOB ___/___/___ SEX _____

Additional Child's Last Name: _____ First: _____
DOB ___/___/___ SEX _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Please Check Primary Contact

[] Contact Parent Name: _____
Daytime# Cell: _____

[] Contact Parent Name: _____
Daytime# Cell: _____

Medical History

Please list any medical conditions, allergies, learning disabilities, etc. that we should be aware of or that would help us when working with your child:

Family Doctor's Name: _____
Phone #: _____

Please sign & date below

I understand that in the event of a medical emergency, the undersigned Parent(s)/guardian(s) of the above named participant(s), hereby grant authorization to Love Swimming Swim Schools and its representatives to employ any legally licensed physician or healthcare facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither LoveSwimming nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

Informed Consent and Waiver/Release

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this form hereby assume full responsibility for all risks of injury or loss which may result from my child(ren)'s participation in this activity and hereby agree to release Love Swimming, and its employees from and waive any and all claims and demands whatsoever of any accident, illness, injury, or death of any person or persons arising or resulting from participation in Love Swimming programs, save and except to that the above provisions shall not be applicable to injury to or death of persons, arising out of the sole negligent acts or omissions of Love Swimming or its employees. The terms of this release shall serve as a release and assumption of risk of my son(s)/daughter(s).

I understand, agree and acknowledge that there are risks inherent in the sports activity conducted by Love Swimming Swim Schools, and with the full understanding of these facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in Love Swimming programs.

Makeup Policy

I understand that due to the safety and continuity of group classes, Love Swimming does not offer makeup lessons for group classes. I understand that should I need to cancel classes due to serious illness or injury, I will be credited for the classes missed provided that I request a withdraw from the class via www.loveswimming.com .

Photos

I also understand that Photos are occasionally taken at the Love Swimming facility and that any photo taken of my child(ren) may be used for Love Swimming publicity purposes.

I have read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son(s)/daughter(s).

Parent/Guardian Signature: _____ **Date:** _____