



# LAKE SHERWOOD LAKERS SWIM TEAM Health Form

*\*Must be signed and on file prior to participation in any swim team activities\**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Emergency Contact (other than parent): \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Information:**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Physical Limitations: \_\_\_\_\_  
 Is there anything else you would like us to know about your child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Insurance Information: (must be complete):**

Policyholder's Name (parent): \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 ID#: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Insurance Authorization Phone Number: \_\_\_\_\_

\*\*\*\*\*

**Please read carefully before signing:**

- This information relates to the Lake Sherwood Club Swim Team program (LSCST). All information on this form is correct and complete to the best of my knowledge.
- As legal guardian of above listed child, I give my permission for him/her to attend the activities sponsored by the LSCST, and to be transported for program activities.
- Lake Sherwood Club (LSC) and LSCST have my permission to use photographs taken during the program season for PR and advertisements.
- I understand that my child is expected to follow the instructions given by the swim team staff, including but not limited to instruction on proper techniques and restrictions on potentially dangerous behaviors.
- I give my permission for the physician named above, or for the attending physician or hospital, at the discretion of the coaches or chaperones of LSC, to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.
- I know that swimming involves water and can be a potentially dangerous sport, and that every reasonable and customary precaution will be taken to assure the safety of all participants.
- I waive all claims in the event of accident or injury, absolving LSCST, LSC, and the Sherwood Lake Association (SLA) and all individuals thereof from responsibility.
- If I bring legal action against LSCST, LSC, SLA, and/or their employees and volunteers, and LSCST, LSC, SLA, and/or their employees and volunteers are found to be not at fault, I agree to pay any legal costs or other costs incurred by the defendants to defend such action.

I am responsible for reviewing and keeping this statement up to date. It is in force until I revoke it.

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_