Scarlet Aquatics: Medical Release Waiver

708 Winchester Ave
Union, NJ 07083
Email: scarletaquaticsnj@gmail.com

Please read in full the Medical Release Waiver:

I am the parent of _____ From _____ through _____ or extended due to travel changes ("Supervision Period"), my child will be under the supervision of _____ ("the Coach"), head coach of Scarlet Aquatics-Elite; Union, New Jersey at a championship meet held in _____.

If there is a medical emergency involving my child, I understand that medical decisions may have to be made regarding my child's medical care. I authorize the Coach to make necessary medical decisions in my absence during the Supervision Period. I realize that any medical decisions that warrant such action by the coach would be made only 1) under dire medical circumstances 2) with guidance from medical personnel and 3) when time was critical in treating my child's condition. The Coach will make a reasonable effort to contact me prior to making any decision.

I hereby release and resolve the Coach of any and all responsibility stemming from medical decisions made by him on behalf of my child under the aforementioned circumstances during the Supervision Period.

Signature of Parent:_____

Printed Name of Parent:_____

Phone Number & Alternate: _____

Legal name of swimmer:_____

Swimmer's Address:_____

Swimmer's SSN:_____ DOB:_____

Health Insurance Company:_____ Policy #:_____

Policy Holder's Name:_____

Any other pertinent medical information?:_____

_____