



**DURHAM SYNCHRO SWIM CLUB INC.**

**MEDICAL RELEASE FORM**

PLEASE PRINT

Swimmers Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Ontario Health Card #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medication(s) in current use: \_\_\_\_\_

Medical problems or condition that may require attention: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT: (WILL BE CONTACTED IN ORDER LISTED)**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: Res. ( ) \_\_\_\_\_ Telephone #: Res. ( ) \_\_\_\_\_

Bus. ( ) \_\_\_\_\_ Bus. ( ) \_\_\_\_\_

3. Other: \_\_\_\_\_ Telephone #: Res. ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Bus. ( ) \_\_\_\_\_

I/We the undersigned legal parents or guardians, proclaim that \_\_\_\_\_ is in good health and able to participate in strenuous activity as part of her training in synchronized swimming. I/We further give permission to seek medical aid and/or assistance in the event of injury or accident.

Date: \_\_\_\_\_  
(revised 06/07/05)

Signed: \_\_\_\_\_  
(Parents or Legal Guardians)