

MEDICAL INFORMATION AND EMERGENCY RELEASE

Swimmer #1

Name: _____

1. In the space provided below, list any pertinent health or medical information and instructions or special problems. (Allergies, drug allergies, asthma, prescriptions. If swimmer has an inhaler or Epi-Pen, please list where they will be if a parent will not be on deck with the swimmer)

_____(initial) Label Epi-pen and Inhaler. Notify coach daily to location of noted medication.

_____(initial) Parents/Guardian/Caretakers are responsible to monitor food allergies at team functions.

2. Aside from yourselves, (the parents of the Athletes), please indicate an emergency contact that the coaches can contact in case of an emergency:

NAME

PHONE

Swimmer #2

Name: _____

3. In the space provided below, list any pertinent health or medical information and instructions or special problems. (Allergies, drug allergies, asthma, prescriptions. If swimmer has an inhaler or Epi-Pen, please list where they will be if a parent will not be on deck with the swimmer)

_____(initial) Label Epi-pen and Inhaler. Notify coach daily to location of noted medication.

_____(initial) Parents/Guardian/Caretakers are responsible to monitor food allergies at team functions.

Swimmer #3

Name: _____

4. In the space provided below, list any pertinent health or medical information and instructions or special problems. (Allergies, drug allergies, asthma, prescriptions. If swimmer has an inhaler or Epi-Pen, please list where they will be if a parent will not be on deck with the swimmer)

_____(initial) Label Epi-pen and Inhaler. Notify coach daily to location of noted medication.

_____(initial) Parents/Guardian/Caretakers are responsible to monitor food allergies at team functions.

Manta Ray Aquatics

Waiver/Release of Liability

PLEASE READ CAREFULLY BEFORE SIGNING.

I, _____, the enrolled participant and/or the parent/guardian/caretaker of the participant agree and understand that swimming is a hazardous activity. I recognize that there are certain risks inherent in the sport of swimming, including but not limited to, injuries and death. The participant hereby agrees to participate with the Manta Ray Aquatics swim team and hereby agrees to hold harmless the Manta Ray Aquatics swim team, Grossmont Unified High School District, Cajon Valley School District, its coaches, instructors, officers, directors, board members, agents and employees against any liability resulting from injury that may occur to the participant while engaged in any team activities, while at the pool, outside the pool or any other site being utilized by Manta Ray Aquatics. The participant authorizes any representative of the Manta Ray Aquatics swim team to have the participant treated in any medical emergency during their participation. Further, the participant and/or parent/guardian/caretaker agrees to pay all costs associated with medical care and transportation for the participant. I have noted on the medical release form any medical/health problems of which staff should be aware. Parents/guardian/caretaker must supervise swimmers when they are outside of the pool area, as well as supervising siblings on and off the pool deck.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____

Parent/Guardian if participant is under 18

Swimmers Names:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Photograph Release

I hereby authorize Manta Ray Aquatics to publish photographs taken at a team event of myself and/or the minor child or children listed below for use on the MRA website, social media, such as Facebook and Instagram, or marketing materials, as well as other team publications.

I hereby release and hold harmless MRA from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Parents/guardians/caretakers are responsible for removing swimmer from any group photo, if they do not want the swimmer in a posted picture.

Name: _____ Date: _____

Signature: _____

Swimmers Names:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

_____ I do not give permission for my child(s) picture to be used on the MRA website.

Initial

I understand that in group shots or team shots with more than 2 people that may be unavoidable, but every effort shall be made to ensure the privacy of my child or children.