

OSCODA OTTERS SWIM CLUB
Registration & Medical Release Form

This form must be completed and signed by a parent or guardian before a swimmer will be allowed to participate in the Oscoda Otters Swim Club.

Swimmer Information

Name _____ Home Phone _____

Address _____ City/Zip _____

Birth Date _____ Age _____ With Whom Does Swimmer Live? _____

Gender ___M ___F Suit Size _____

E-mail Address _____

Parent/Guardian Information

Father's Name _____

Address _____ City/Zip _____

Home Phone _____ Work Phone _____

Mother's Name _____

Address _____ City/Zip _____

Home Phone _____ Work Phone _____

Insurance Information

Name of Policy Holder _____ Relationship to Swimmer _____

Insurance Company _____ Policy Number _____

Swimmer's Medical Information

List any medical problems or conditions the swimmer may have: _____

List any allergies the swimmer may have: _____

List medications the swimmer is currently taking: _____

Name of Family Physician _____ Physician's Phone Number _____

I, _____, affirm that I am the parent or legal guardian of _____ . I hereby give my child permission to participate in the Otters Swim Club sponsored by Oscoda Community Education. I waive and release any and all rights and claims for damages and losses I may have against all participating agencies, including Oscoda Community Education and Oscoda Area Schools, and their respective agents, representatives, successors and assigns, which may occur as a result of the above permission.

In case of an emergency, I hereby grant the family physician or other licensed medical doctor permission to provide medical assistance.

Signature of Parent/Guardian

Date