

TO BE COMPLETED BY COACH & ADMIN

Swimmer's parent or legal guardian MUST sign
Consent & Release BEFORE ENTERING
POOL!

First swim (date): _____ Coach: _____

Date Joined: _____ Level: _____

Reg Batch # _____ Transfer from: _____

CBS-ISLANDERS

2 of 2

2009 CONSENT AND RELEASE

(Please print)

I, _____, parent and/or Legal Guardian of
_____, a minor child who is a member of
Merritt Island Swim Club (a/k/a Central Brevard Swimming, CBS-Islanders), hereby agree that my
child may participate in any and all team related events, including, but not limited to water, dryland,
and recreation/leisure activities. I further agree to hold harmless any individual, person, Merritt Island
Swim Club, Brevard County District Schools, Merritt Island High School, Florida Swimming, and
USA-Swimming in the event of any damage, loss or injury related to any of these events.

I hereby attest my child is in good health and I know of no physical, mental or emotional
reason that would prohibit him/her from participating in any and all activities with Merritt Island Swim
Club.

If reasonable attempts to contact the minor's parent or guardian fail, I do hereby consent to any
and all medical treatments for said minor, which may result from illness, accident, or injury, and which
may be deemed advisable by medical personnel.

MINOR'S FULL LEGAL NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

PHONE CONTACT: Home: _____ Parent Cell: _____

Parent Work: _____

ALT. EMERGENCY # _____ RELATION _____

ALT. EMERGENCY # _____ RELATION _____

INSURANCE CO. _____

POLICY # _____

INSURED'S NAME: _____

PHYSICIAN'S NAME: _____ CITY: _____

DESCRIBE ANY ALLERGIES: _____

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO MINOR: _____

***Please use the reverse side of this form to detail any medical issues of which your child's coach
should be aware.***