

**TO BE COMPLETED BY COACH & ADMIN**  
**Swimmer's parent or legal guardian MUST sign**  
**Consent & Release BEFORE ENTERING POOL!**

First swim (date): \_\_\_\_\_ Coach: \_\_\_\_\_

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Date Joined: \_\_\_\_\_ Level: \_\_\_\_\_

Reg Batch # \_\_\_\_\_ Transfer from: \_\_\_\_\_

# CBS ISLANDERS Consent & Release

**THIS FORM MUST BE COMPLETED AND SIGNED BEFORE ANY NEW SWIMMER ENTERS THE POOL!**

I, \_\_\_\_\_, parent and/or Legal Guardian of \_\_\_\_\_, a minor child who is a member of 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, Central Brevard Swimming/CBS Islanders, Merritt Island Swim Club, Brevard County Public 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 Central Brevard Swimming/CBS Islanders. 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: \_\_\_\_\_ Parent e-address: \_\_\_\_\_

ALT. EMERGENCY # \_\_\_\_\_ RELATION \_\_\_\_\_

ALT. EMERGENCY # \_\_\_\_\_ RELATION \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_

POLICY # \_\_\_\_\_

INSURED'S NAME: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ CITY: \_\_\_\_\_

DESCRIBE ANY ALLERGIES: \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

NAME OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

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