

Augustana Learn to Swim

Medical and Insurance Information

Child's Full Name _____ Child's Full Name _____

Child's Full Name _____ Child's Full Name _____

Parent/Guardian Full Name _____ Relationship _____

Parent/Guardian Full Name _____ Relationship _____

Primary Address: _____ Apt or Box #: _____

City: _____ State: _____ Zip: _____

I understand that health insurance coverage for above named participants is the Guardian's responsibility. Our medical insurance company is: _____.

In the case that my child needs medical attention, here are some medical conditions, allergies, or medications that emergency medical personnel would need to know:

Please initial each statement:

___ I certify that my child is physically capable of participating in the Augustana Learn to Swim Program and that he/she will take responsibility for physical fitness and capability to perform under normal conditions of the swim program.

___ I have been made aware that the child's participation in the Augustana Learn to Swim Program has the following non-exhaustive list of particular risks: sprains, strains, abrasions, dislocations, fractures, concussions, contusions, and blisters.

___ I assume all risks in connection with participation in the Augustana Learn to Swim Program and hereby release all instructors, agents, operators and officials of the Augustana Learn to Swim Program from liability for any injury of damage which may befall the child while participating in the Augustana Learn to Swim Program, and agree to save and hold harmless Augustana and Augustana's heirs, legal representative, successors, and assigns against loss from any further claims, arising out of the child's participation in the program.

___ In case of medical emergency, Guardian authorizes Augustana or its representative to take all reasonable steps to secure the health and safety of the child, including, but not limited to X-ray, examinations, anesthetic, medial or surgical diagnosis or treatment, and/or hospital care.

___ Any photos taken of child during swimming lessons may be used by the Augustana Learn to Swim program in their publications without further permission.

Date: _____

Signature of Guardian: _____