

**SYLVAN SWIM TEAM**  
**MEDICAL AND WAIVER RELEASE FOR THE 2025 SUMMER SWIM SEASON**

Swimmer Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Existing Medical Coverage: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Known Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

I HEREBY VOLUNTARILY PERMIT MY CHILD TO PARTICIPATE ON THE SYLVAN SWIM TEAM. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS AND THAT ACCIDENTS AND INJURIES CAN AND MAY OCCUR. I HEREBY AGREE TO ACCEPT ALL RISKS OF INJURY OR DEATH AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. \_\_\_\_\_ (*initial here*)

I hereby release and hold harmless the Sylvan Swim Team, Sylvan Park LLC, staff, volunteers, designated coaches, and program officials from all liability and from all action or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold Sylvan Park LLC and Swim Team (its officers, employees, board members and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating on the swim team. In case of a medical emergency, I hereby give permission to Sylvan Staff, Sylvan Swim Team Coaches and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to Sylvan Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone if an accident occurs. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND SYLVAN SWIM TEAM AND SIGN IT OF MY OWN FREE WILL.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_