

**2018 CHINOOK LIONS SWIM TEAM REGISTRATION AND  
CONSENT FOR SWIMMER TO PARTICIPATE FORM**

**\*\*Please return to Tina Mord at Courthouse Rm. 53, your School, or mail to Box 1536 BY MAY 16\*\***

**Please list your e-mail address(es). We will use this to communicate meet and other information.**

We, the undersigned parent(s)/guardian(s) of the below listed swimmers, do hereby consent to his/her/their participating in all Swim Team activities of the Chinook Lions Swim Team for the duration of the season. We accept full responsibility for any injuries, which might occur to our son or daughter by reason of such participation, including medical bills, which might arise. The City of Chinook, Chinook Lions Swim Team, Coaches, Chaperones, and anyone associated with the Chinook Lions Swim Team are not liable under the law and cannot legally accept responsibility for any illness or injury of the participant. In signing, we also certify that our child(ren) have not competed in a competitive swimming program since **September 1, 2017**.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
Date

Swimmer	Age	Birthdate	Team Registration \$40 per child, \$80 max family	Federation Insurance \$10 per child	Little Lion? Add \$25 per swimmer

Total Due \_\_\_\_\_ Pd \_\_\_\_\_

**(Part I or II must be completed)**

**Part I - EMERGENCY MEDICAL AUTHORIZATION**

Parent/Guardian Name (s)	
Telephone:	
Cell#:	
Work#:	
Mailing Address:	

**MEDICAL RELEASE**

Purpose- To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the Chinook Lions Swim Team authority, when parents or guardians cannot be reached.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deems necessary by Dr. \_\_\_\_\_ or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physical should be alerted:

List two neighbors or nearby relative who will assume temporary care of your child/children, if you cannot be reached:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**(Do Not Complete Part II If You Completed Part I)**

**PART II – REFUSAL TO CONSENT**

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Chinook Lions Swim Team authorities to take NO action or to \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_