PERMISSION AND MEDICAL RELEASE INFORMATION
Miami Valley Aquatic Club – 2010 Season

My child(ren) whose names is/are listed below has/have my permission to participate in the Miami Valley Aquatic Club for the 2010 swim season. I know that each child listed below is free from physical impairment and/or contagious disease. By signing the permission form, I agree that in the event that my child in injured, I authorize the Miami Valley Aquatic Club, Miami University, Miami University Recreation Staff, and/or Miami University Police to secure first aid, and then determine whether or not the child should be take to the hospital. I also relieve the Miami Valley Aquatic Club, Miami University, Miami University Recreation Staff, Miami University Police, and/or sponsors of the program from any legal liability in the case of an accident while in practice, during a meet, traveling, or in any activity related to the program.

In the case that medical or dental help is needed and I cannot be reached at the phone numbers listed below, the Miami Valley Aquatic Club, the Miami University Recreation Staff, and/or the Miami University Police has my permission to seek medical/dental help by contacting:

_____ (Medical doctor name) _____ (Medical doctor phone)

_____ (Dentist name) _____ (Dentist phone)

If my child(ren) need(s) to be transported to a hospital, you may transport him to the following hospital:

_____ (Name of Hospital)

Child 1 Legal Name	DOB	Gender	Medical Problems/Allergies

Child 2 Legal Name	DOB	Gender	Medical Problems/Allergies

Child 3 Legal Name	DOB	Gender	Medical Problems/Allergies

Child 4 Legal Name	DOB	Gender	Medical Problems/Allergies

Mother/Grdn Name _____

Day Phone _____ Night Phone _____Cell Phone _____

Father/Grdn Name _____

Day Phone _____Night Phone _____Cell Phone _____

Address _____
Street City/State Zip Code

Signature of Parent/Guardian _____

Date of Signature _____