

**Boys & Girls Clubs of San Dieguito AQUATICS DEPARTMENT
EMERGENCY CONTACT INFORMATION & LIABILITY RELEASE**



Home/Family information

Participant's Name _____ Date of Birth Age _____ Age _____

If participant is under 18 please fill out the following information in the below section

Mother's name _____ Email _____

Mom's cell _____ Mom's work _____ Mom's Home _____

Father's name _____ Email _____

Address _____ City _____ State _____ Zip _____

Dad's cell _____ Dad's work _____ Dad's Home _____

Swimmer lives with _____ Address _____ City _____ State _____ Zip _____

Any other information that may be helpful _____

Emergency contact information (other than parents) Emergency Contact's Name _____ Relation _____

Address _____ City _____ State _____ Zip _____

Phone _____ 2nd Phone _____

Medical Comments _____

Doctor _____ Phone _____

In an emergency, we authorize the Boys & Girls Clubs of San Dieguito to release my child to the emergency contact or EMS Initial _____

May we put your information on the team roster? Any other information that may be helpful: Y or N

Medical Information - Please list history of medical problems and disabilities

MEDICAL: () Heart () Respiratory () Allergies () Seizure () High/Low Blood Pressure () Orthopedic () Diabetes () Ears

CURRENT HEALTH: () Recent Injury/Rehab () Pregnant () Special Diet FAMILY HISTORY: () Stroke () Diabetes () Cancer () Heart

Medications Being Taken _____

Release Statement

I release the Boys & Girls Clubs of San Dieguito, its directors, representatives and officials of any liability received or incurred while participating in any aquatic program. I authorize any Boys & Girls Clubs of San Dieguito representative to seek any necessary medical treatment in the case of injury or medical emergency and agree to pay all costs incurred.

Signature _____ Date _____

Office Use Only

() BGCSDTO Membership Application () Payment Rec'd Approved _____ Date _____