



Family Last Name: _____

PACIFIC SANDS Cabana Club Group Swim Lessons **2019** PARENT'S PERMISSION AND EMERGENCY MEDICAL FORM

Please print neatly

I (we), the undersigned parent, parents or legal guardian of **ALL SWIMMERS LISTED on form**, a minor/minors, do hereby request that he/she be permitted to attend Pacific Sands Cabana Club Group Swim Lessons from **July 8 to August 2, 2019** and should the deed arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Pacific Sands Cabana Club, its officers or leaders for medical aid rendered at a hospital or first aid rendered at the event and will reimburse Pacific Sands Cabana Club for medical or other expenses incurred in the care of my child.

In consideration for **ALL SWIMMERS LISTED on form**, we, the undersigned participant and parent or guardian, intending to be legally bound, do hereby for ourselves our heirs, executors, and/or administrators, waive, release, and forever discharge all rights and claims for damages which we or either of us may hereafter have against Pacific Sands Cabana Club its staff or community associations and/or assigns, for any and all injuries for damages which may be sustained or suffered in connection with scheduled workouts or participating in, or returning from said workout.

| | | |
|-----------------------------|-------|------|
| Parent/Guardian's Signature | Phone | Date |
|-----------------------------|-------|------|

| | |
|-------------------------|-------------------------|
| Business Phone – Mother | Business Phone – Father |
|-------------------------|-------------------------|

Doctor or Medical Advisor _____ Phone _____

Medical Insurance Carrier _____ Policy Number _____

Any Emergency Information: (medications, allergies, existing conditions, warnings, etc.)

Please identify below the names of two persons who could be responsible for your children if we are unable to contact you directly:

| | | |
|------|--------------|-------|
| Name | Relationship | Phone |
|------|--------------|-------|

| | | |
|------|--------------|-------|
| Name | Relationship | Phone |
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