



# SAIL REGISTRATION AND MEDICAL RELEASE FORM

*This signed form must be at ALL practices and meets – Home and Away including DIV, C&C*

**Family Last Name**

*Use a separate form if different last names.*

RMR2005

Swimmer Name	Age on May 31	Birth Date birth certificate on file: ✓	Gender M / F	Special Conditions / Allergies

Home Address (with city and zip)	E-mail address	Home phone
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Father's Name	Work phone	Cell phone
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Mother's Name	Work phone	Cell phone
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Alternate Contact (Name & Relationship to swimmer)	Work phone	Cell phone
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Family Physician	Physician phone
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Medical Insurance carrier	Policy #
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I do hereby grant the bearer of this form my permission and consent to render emergency medical treatment for my swimmer(s). This authorization includes the power to consent to, and approve of, emergency medical treatment by a physician, hospital, or emergency care unit for such operations or procedures as are considered necessary or appropriate in the judgment of the medical staff of facility rendering the treatment. In addition, I understand that all expenses incurred in administering such treatment will be assumed and borne by me and are not the responsibility of SAIL or my child's team or club.

I also understand that no claim may be made against SAIL or its insurance carriers until all claims have been made and answered by all other Insurance carriers on my swimmer.

\_\_\_\_\_  
Parent/Guardian Name – Printed

\_\_\_\_\_  
Parent/Guardian Name – Signed

\_\_\_\_\_  
Date