

CAST Swimmer Information Sheet

DATE _____

Swimmer's Name: _____

Age: _____ Date of Birth: _____ Years Swimming: _____

Parent's Names: _____

Mother: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Father: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Name of person(s) who have permission to pick swimmer up from swim practice:

Name: _____

Name: _____

Emergency Contact: _____

Name: _____

Phone: _____

Name of Family Physician: _____

Phone Number: _____

Date of last physical _____

Please check all that apply to your child.

Irregular heart beat/ Murmur _____

Diabetes _____

Lung Problems/ disease _____

Other joint problems/ pain _____

Epilepsy _____

Asthma _____

Muscle pain _____

Other metabolic disorders (thyroid) _____

Meds

What medications is your child currently taking?

Does your child have any other medical problem, which could potentially interfere with his/her ability to safely participate in competitive swimming?

Does the Swimmer belong to a School swim team?

High School _____ Middle School _____

If Participant is under 18 years of age Parental Consent is needed.

I, the undersigned, attest that the above information is true to the best of my knowledge and I represent that my child is at a level of health that allows him/her to participate in this program.

I further understand that the nature of the above activity has a risk of injury. In that regard, I hereby expressly assume the risk of any physical injury or other loss that my child might sustain as the result of participating in this activity and/or as a result of any transportation related thereto. In addition, I hereby covenant not to sue and agree to hold harmless the Town of Abingdon, the Harry L. Coomes Recreation Center, Abingdon Parks and Recreation and all of the agents and/or employees of these three entities from any and all liability for injury and/or loss that my child might sustain as a result of participating in this activity. I further agree to indemnify and hold harmless the Town of Abingdon, the Harry L. Coomes Recreation Center and/or Abingdon Parks and Recreation and all of the agents and employees of these three entities from any injury and/or loss that may occur to my child and/or others as a result of acts of negligence of my child while participating in this activity. I understand and acknowledge that accident insurance, medical insurance and other insurance coverage are not provided to participants by the Town of Abingdon, the Harry L. Coomes Recreation Center and/or Abingdon Parks and Recreation.

I understand that it is recommended that persons have a full medical examination before beginning this activity. In that regard, I represent that my child has, either, had a full medical examination and has obtained clearance or approval from our physician to participate in this activity, or I am of the opinion that my child is at a level of health that allows him/her to participate in this activity.

Signature _____ Date _____
Parent