MORRIS COUNTY SWIM CLUB LLC
NON-MEMBER CLINIC REGISTRATION

## EMERGENCY MEDICAL AUTHORIZATION/CONSENT/WAIVER/AGREEMENT/REGISTRATION

As the parent or legal guardian of the child named below, I hereby give full consent and approval for my child to participate in activities of the Morris County Swim Club (MCSC). I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation. I am willing to assume all risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport, is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I approve emergency treatment for my child by a qualified, licensed physician if the below named family physician is not available. I also understand that the MCSC is unable to provide medical coverage for injuries that may be sustained. I hereby agree to use my own hospitalization/insurance to cover any such expense and releases, waives, discharges and covenants not to sue the MCSC, administrators, members, directors, coaches or affiliates. I authorize the MCSC to utilize in any promotional or publicity materials any photograph, video, description or likeness taken during any MCSC activity.

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|---|---|
| **Mother's Name** | **Father's Name** |
| **Contact Phone #** | **Contact Phone #** |
| **Email** | **Email** |
| **Physician** | **Phone** |
| **Emergency Contact** | **Phone** |

Athlete's medical history, including any conditions such as physical impairments, allergies, medications being taken or authorized, etc. to which a coach or physician should be alerted are:

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| ***Swimmer Name*** | ***Birth Date*** |
| ***Address, City, St, Zip*** | |

**SIGN HERE x**_____ **Date** _____

**SIGNATURE OF PARENT OR GUARDIAN**