



Team Elite Aquatics, Inc.
 PO Box 172, Davidson, NC 28036
 www.teameliteaquatics.com

HEALTH & RELEASE FORM (BRING TO CLINIC OR EMAIL: AMY@TEAMELITEAQUATICS.COM)

You will not be admitted to the clinic without this form, completed and signed on both sides

SWIMMER INFORMATION

NAME (FIRST, MIDDLE, LAST)		D.O.B (MM/DD/YYYY)	
USA SWIMMING ID	CLUB	COACH	
PARENT/GUARDIAN NAME		MOBILE PHONE #	
HOME ADDRESS	CITY	STATE	ZIP

EMERGENCY CONTACT INFORMATION

NAME	PHONE #
RELATIONSHIP TO SWIMMER	

MEDICAL INFORMATION

NAME OF PRIMARY CARE PHYSICIAN	PHONE #		
ADDRESS	CITY	STATE	ZIP

LIST ALL MEDICAL CONDITIONS, MEDICATIONS, & ALLERGIES THAT CLINIC STAFF SHOULD BE AWARE OF

MEDICAL CONDITIONS	MEDICATIONS	ALLERGIES

INSURANCE INFORMATION

POLICY HOLDER	POLICY HOLDER DOB (MM/DD/YYYY)		
RELATIONSHIP TO SWIMMER	INSURANCE COMPANY	INSURANCE COMPANY PHONE #	
PRIMARY CARE PHYSICIAN	GROUP #	PLAN #	POLICY #

SWIM CLINIC RULES

Swimmers and parents should be aware of the following clinic rules. Any violation of rules may result in immediate dismissal from the clinic without refund. Dismissed swimmers will be sent home at parent's expense.

- Be respectful of other swimmers & individuals
- Bullying or mistreatment of swimmers will not be tolerated
- Report all sickness or injury to the coaches or clinic staff member as soon as possible
- Stay on schedule at all times
- No smoking, drinking or drugs of any kind
- Do not move from one clinic location to the next without a coach or clinic staff member

WAIVER & RELEASE OF LIABILITY

Please read this form carefully and be aware that by registering your child and having him/her receive instruction from the Team Elite clinic coaches and Kirsty Coventry on November 18, 2017, you will be waiving all claims for injuries your child might sustain arising out of the instruction he/she receives.

In consideration of my minor child/ward **X** _____ ("my child") being allowed to participate in this swim clinic, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this clinic is always present due to the nature of the sport; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and
3. I willingly agree to comply with the clinic's stated and customary terms and conditions for my child's participation. If, however, I observe any unusual significant concern in my child's readiness for participation and/or in the clinic itself, I will remove my child from participation and bring such to the attention of the nearest coach or clinic staff member immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the clinic, clinic staff, Nomad Aquatics and Fitness, Kirsty Coventry, TEAM ELITE AQUATICS, INC., a corporation formed under the laws of the State of North Carolina, its affiliates, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

DATE (MM/DD/YYYY)	SIGNATURE (PARENT/GUARDIAN)
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I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of the clinic. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify the clinic, clinic staff, Nomad Aquatics and Fitness, Kirsty Coventry, Team Elite Aquatics, Inc., its affiliates, officers, agents and employees, from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required out of the actions of my dependent in the course of the clinic.

DATE (MM/DD/YYYY)	SIGNATURE (PARENT/GUARDIAN)
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I hereby authorize the directors and medical staff of the Team Elite Aquatics, Inc. clinic to act for me according to their best judgment in any emergency requiring medical attention. I understand that the medical staff will render first aid procedures and swimmers will be transported to a hospital if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I hereby waive and release Team Elite Aquatics, Inc., the Team Elite clinic staff, Nomad Aquatics & Fitness, and Kirsty Coventry for liabilities related to injury, illness, or expenses incurred. I will be responsible for any medical treatment or any other charges in connection with his/her attendance at the clinic. I have read the rules and regulations of the clinic and both my swimmer(s) and I agree to abide by them. I further agree that my child can receive over-the-counter remedies. (Tylenol, Sudafed, etc.)

X _____ Please initial here if you do not want your child to receive over-the-counter medications.

DATE (MM/DD/YYYY)	SIGNATURE (PARENT/GUARDIAN)
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