

EMERGENCY INFORMATION

My child (children) _____, has my full permission to participate with the Seabrook Stingrays Swim Team. I believe that each child listed is in good physical condition and in good health. Any exceptions are noted below.

I do not hold the Swim Team personnel, Clear Creek Swim League, City of Seabrook, or personnel of the swimming pool responsible for any accident or illness.

If my child is injured and requires medical treatment, my signature on this form authorizes the Seabrook Stingrays, Inc. Swim Team personnel to consent to medical treatment in my absence. Every effort will be made to contact me first. Medical treatment also includes pre-hospital medical care, all hospital and physician services, whether medical, surgical, and/or dental, that are necessary for the benefit, safety, and well being of my child.

I understand this release and agree to be financially responsible for all expenses associated with providing medical care for my child.

EXCEPTIONS: _____

_____ Signature	_____ Date	_____ Relationship to Child
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Are you insured for emergency medical treatment? _____
Yes No Ins. Co. Name

Daytime Phone Number _____	Mother _____	Father _____
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Cell Phone Number _____

Person to contact in case of emergency if unable to contact parent or guardian:

_____ Name	_____ Telephone Number	_____ Relationship to Child
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_____ Name	_____ Telephone Number	_____ Relationship to Child
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CODE OF CONDUCT (See Attached Sheet)

Please read the Seabrook Stingrays, Inc. Code of Conduct and sign below.

I have read and understand the Code of Conduct for the Seabrook Stingrays, Inc. Swim Team.

Parent/Guardian's Signature _____

Swimmer's Initials _____