MEDICAL AUTHORIZATION FORM, LIABILITY WAIVER WEAVERVILLE SWIM TEAM

Child's Name			DOB / /
Child's Name Last	First	MI	
Address		City	
Parents/Guardians Name			
Home phone	Work phone	e	Cell phone
E-Mail Address:			
Emergency Contact		Phone	
Emergency Contact		Phone	
Name of Insurance Carrier		Address:	:
Phone	Policy N	lumber	
Family Physician		Phone	
Weaverville Swim Team, Weaver directors, board members, emporthe program, harmless from any injury including death, or proper aggravated by participating in a safety, and that of my minor chipoly be engaged in by those in Weaverville Swim Team programend it is expected that I have hear if I am unable to give conscitute Weaverville Swim Team, Wedirectors, board members, emportain whatsoever which may are connection with any injury that a set of the Weaverville Swim Team, we directors, board members, emportain whatsoever which may are connection with any injury that a set of the weaverville Swim Team, we connected the weaver to illness, that me and/or my child will not be agree that I will keep myself and/or	rinild, my heirs, executerville/Douglas City Folloyees, volunteers, as and all liability and exty damage which may weaverville Swim Told, during Weaverville good health and that m. I understand the ealth insurance to consus permission to secure permission. I, indeaverville/Douglas Coloyees, volunteers, as ise as a result of any arises from participate to my and/or my child's permission to secure in the ealth insurance of any child in advance of any program and the exposed or contract iller my child home should in advance of any program and the exposed or contract iller my child home should in advance of any program and the exposed or contract iller and the exposed or contract i	tors and administrements & Recreation agents, independent claims with the reserved occur to myself team program. It is essuing the necessary individually, and on builty Parks & Recreagents and all other of the necessary individually, and on builty Parks & Recreagents and all other of the necessary individually, and on builty Parks & Recreagents and all other of the necessary individually, and on builty Parks & Recreagents and all other of the necessary in a Weaverville outling in a Weaverville outling in a Weaverville outling in a Weaverville outline outling in a Weaverville outline	crators, to indemnify, defend and hold the on District, Trinity County and it's office ent contractors and other participants in espect to any bodily injury, personal for my child or which may be take full responsibility for my welfare and tivities and know that activities should a physician before enrolling in a m Team carries no medical insurance, or losses. In case of accident or illness, medical attention if unable to contact or behalf of any minor child, hereby release eation, Trinity County and it's officers, er participants in the program from any into or assistance provided to me in ille Swim Team activity. LPP program is voluntary and that there is that LPP and/or WDCPRD cannot guarantee of the program. I also the program of illness including cough, will remove myself or pickup my child from
Signature of Parent or Guar	dian		Date