

**Southeastern Aquatics
Emergency Contact Form & Waiver**

Please be sure to forward any updates to this form promptly to the Head Coach.

Family's Last Name: _____ **Today's Date:** _____

1st Child's Name: _____ **Age:** _____ **DOB:** _____

Allergies: _____

Medications: _____

Additional Info: _____

2nd Child's Name: _____ **Age:** _____ **DOB:** _____

Allergies: _____

Medications: _____

Additional Info: _____

3rd Child's Name: _____ **Age:** _____ **DOB:** _____

Allergies: _____

Medications: _____

Additional Info: _____

Emergency Contact Person(s):

1st Person: _____ **Phone #:** _____

2nd Person: _____ **Phone #:** _____

Waiver of Liability

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of South Eastern Aquatics (SEA). Recognizing the possibility of physical injury, and in consideration for SEA accepting the registrant for its swimming program and activities (the programs), I hereby release, discharge, and/or otherwise indemnify SEA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the swimming facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian
(please print): _____

Signature of
Parent/Guardian: _____ **Date:** _____

Consent for Medical Treatment

As the parent/guardian of _____, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Name of Child's Physician: _____ **Phone #:** _____

Health Insurance Provider: _____ **Policy #:** _____

Name of Child's Dentist: _____ **Phone #:** _____

Dental Insurance Provider: _____ **Policy #:** _____