

**13 & Over SEA Training Trip Emergency Medical Release**  
**Panama City Beach, Florida**

If the swimmer identified below becomes injured or otherwise needs emergency medical attention, I authorize SEA, through Head Coach Neil Wright, or his designee, to obtain medical assistance. I authorize him or his designee to act for me according to his/her best judgement and ability. This authorization covers all the time the swimmer is under the supervision of SEA, from boarding the van on June 22<sup>nd</sup> through returning from the Training Trip on June 29<sup>th</sup>, 2025.

**Swimmer**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Please Print

Address \_\_\_\_\_  
Street City Zip

**List any medications and dosage that the swimmer will be taking during the trip. Does the Head Coach/Chaperones need to supervise the swimmer taking this medication?**

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**Pre-Existing Conditions: Allergies, Asthma, etc.**

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**Other pertinent information the Head Coach and Chaperones should know about your swimmer?**

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**Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Group #** \_\_\_\_\_

**Person to Contact in an Emergency**

Name \_\_\_\_\_ Relation to Swimmer \_\_\_\_\_  
Please Print

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

**Parent or Guardian**

\_\_\_\_\_  
Signature Date \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)