

# CATO MERIDIAN OTTERS

## Medical Release Form 2011-2012

Swimmer's Name \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parents Name \_\_\_\_\_ Cell \_\_\_\_\_

I certify that, to the best of my knowledge and belief, \_\_\_\_\_  
Is in good physical condition and has no condition which would impair participation in  
the program. In case of injury, I hereby give the Cato Meridian Otters Swim Club and it's  
coaching staff permission to act on my behalf in seeking medical treatment from any  
licensed physician, hospital or clinic for my child in the event that such treatment is  
deemed necessary. I give permission to those administering medical treatment to do so  
using methods deemed necessary. I absolve Cato Meridian Otters Swim Club and it's  
coaching staff from all liability while acting on my behalf in this regard.

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Parents signature

Parent /Guardian Insurance Information:

Company Name \_\_\_\_\_ ID \_\_\_\_\_

Additional comments regarding medical history, allergies, penicillin or drug reactions,  
etc which may be needed in rendering medical treatment.

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If parents are not available, please call the person designated below:

Name \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_