## Spring Board Civic Pool and Spring Board Swim Team Emergency Medical Release for Minors

This form should be completed for all members and guests under 18 years of age. Children under the age of 16 should be accompanied by a responsible party over the age of 18 at all times.

| Child's Name  |  | Date of Birth   |   |   |   |
|---|--|---|---|---|---|
|   |  | (H)   |   | (C)   |   |
| Parent's Name   |  | Phone   | Number  |   |   |
|   |  |   |   |   |   |
| Address   | City   | State   |   | Zip   |   |
| In case of an emergency a following emergency conta   |  | ve canr   | not be contacted  | d, pleas  | e contact the   |
| Name  | Relationship to child  | _   | Home Phone  | _   | Cell Phone  |
| Name  | Relationship to child  | _   | Home Phone  | -   | Cell Phone  |
| Name  | Relationship to child  | _   | Home Phone  | _   | Cell Phone  |
| minor listed above when I can x-ray examination, anesthetic emergency or danger of seriounder this authorization.  I specifically certify a treatment or hospital care be staff to give specific consent. I will indemnify and h provides or causes to be provemergency transportation, exconsent to medical treatment.  Liability Form for Minor Ch. The undersigned furthis/her heirs, successors and Parties from and against all contains and against all | nation and Release Form: pard Civic Pool staff and bo pand general hospital care, pas or permanent injury res and agree that this authorizating required but is not giver on any and all such examinated of third-party benefits aminations, treatment or he of the minor listed on this stations, to DEFEND, IND claims, demands, and cause mitation, all costs, expense arsigned, or on his/her beha | ard men I treatme No prie ulting fre ation is gen to proventions, ense or or othe ospital of sheet.  mself/he EMNIF) es of act s and le | nbers to consent ent can include, to redetermination om delay or treat given in advance we authority and pareatment or hos claims of any narwise, full and cocare. I am the perself and on behaltion for personal gal fees incurred | medica but not I of life-th ment ne of any s bower o bital car ture and mplete rson ha alf of an RMLES injury, d in defer | imited to, first-aid, ireatening red be made specific diagnosis, in the part of the e. If entity which payment for such ving the power to by and all of S the Pool eath or property and ing the same, by participation in |
| Parent's Signature  | Printed Name   |   |   |   | Date  |