



HATY Swimming

Hatboro Area YMCA - Hatboro, PA

www.hatyswim.com



Authorization to Seek Emergency Medical Care and Release

The undersigned, parent or guardian of _____ ("the Minor"), on behalf of
(Name of swimmer)
himself or herself, the Minor and all persons claiming under Minor does hereby:

(1) Authorize the Hatboro Area YMCA Hurricanes, its agents, officers and employees, to seek such medical treatment or assistance for the Minor as any one or more of them may deem necessary or appropriate in the event of an accident or medical emergency.

Emergency Medical Release: Should a medical emergency arise during my child's participation at a Hatboro Area YMCA sponsored activity, I understand that reasonable effort will be made to contact me or the emergency contact I have provided. If I cannot be reached, or if it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me would cause, I consent to the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility chosen by the Hatboro Area YMCA and I consent to the immediate administration of life sustaining measures deemed necessary under the circumstances.

(2) Confirm that the Minor has no medical, physical or other conditions which would impede or interfere with the Minor's participation in the activities of the Hatboro Area YMCA Hurricanes.

The Minor has permission to travel with the Hatboro Area YMCA Hurricanes for the purpose of participating in swim meets, and has permission to so participate.

The undersigned acknowledges that the Hatboro Area YMCA Hurricanes and the Hatboro Area YMCA have relied on the foregoing release in agreeing to permit the Minor to use their facilities and participate in activities at its premises and sponsored by it.

This authorization and release shall remain in effect until terminated by written instrument duly signed and Personally delivered to either the coach of the Hatboro Area YMCA Hurricanes or to its president.

(Signature)

(Date)

(Print Name)

(Relationship to Minor)

Phone numbers in case of Emergency:

Home _____ Work _____ Cell/Beeper _____

Child's Physician (Name/Phone) _____ Child's Dentist (Name/Phone) _____

Allergies, Drug Sensitivities, or Medications (use separate sheet if necessary): _____

Any other details the Hatboro Area YMCA Hurricanes or the Hatboro Area YMCA should know:
