

**CUPERTINO HILLS SWIM & RACQUET CLUB SWIM TEAM
CONSENT TO TREAT/LIABILITY WAIVER/TRANSPORTATION FORM**

CONSENT TO TREAT

I, the parent/guardian of _____,

hereby allow my child/children to participate in the Cupertino Sharks Swim Team. I hereby release and hold harmless Cupertino Hills Swim and Racquet Club, its officers, directors, employees and agents from any and all liability that could arise to my child/children by participation in this activity. I hereby authorize Cupertino Hills Swim Team through the adult person in whose care my child has been entrusted to consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care under the supervision of and as deemed advisable by a physician licensed under the Medical Practice Act. This authority is given in advance as pursuant to section 25.8 of the California Civil Code and shall remain in effect throughout the swim team activity described herein.

Please list any medical concerns or allergies

Medical insurance carrier _____ ID# _____

Emergency Contact Information:

Doctor's name _____ Phone number _____
Parent's name _____ Phone number _____
Cell phone # _____ Other # _____

Other Emergency Contact

Name _____
Phone number _____

Parent/Guardian

Signature _____
Printed name _____
Date _____

LIABILITY SWIM WAIVER

A liability waiver must be on file for each swimmer, which will be used for both CHSRC as well as the Junipero Serra Swim League. The league will not allow a swimmer to compete without a signed waiver. The following must be signed by a parent for swimmers under 18 years of age.

My child/children _____ has/have my permission to participate on the CHSRC swim team which includes swim practice, swim meets, and social functions. I agree to hold harmless CHSRC and the Junipero Serra Swim League from any liability. I understand neither CHSRC nor Junipero Serra Swim League is responsible for medical expenses, which may occur as a result of a swim team function. I also realize CHSRC and Junipero Serra Swim League do not carry Medical liability insurance.

Parent Signature

Date

TRANSPORTATION

I will take responsibility for transporting my child/children to and from swim meets, and I realize that I am responsible for his/her well being to and from swim team practice.

Parent Signature

Date