

2011 Medical Information and Medical Liability
Richmond Metropolitan Aquatic League (RMAL)
Bon Air Community Association
(Fill out one per family)

SWIMMER'S NAME:				
	LAST	FIRST	MIDDLE	
ADDRESS:				
	No. & Street	City	State	Zip
Date of Birth:				
SWIMMER'S NAME:				
	LAST	FIRST	MIDDLE	
ADDRESS:				
	No. & Street	City	State	Zip
Date of Birth:				
SWIMMER'S NAME:				
	LAST	FIRST	MIDDLE	
ADDRESS:				
	No. & Street	City	State	Zip
Date of Birth:				
SWIMMER'S NAME:				
	LAST	FIRST	MIDDLE	
ADDRESS:				
	No. & Street	City	State	Zip
Date of Birth:				

If swimmer swims year-round for a USA Swimming team, enter team: _____
If swimmer swam for a different summer team last year, enter team: _____

MEDICAL INFORMATION AND WAIVER

Swimmer's known medical conditions, allergies, etc.: (use back if necessary)

Insurance Co.: _____ **Policy No.:** _____

Family Physician: _____ **Phone No.:** _____

Name of responsible individual to be reached in event of an emergency:

Phone: (H) () (W) ()

I, the undersigned parent/guardian hereby give my permission to the acting representative(s) of Richmond Metropolitan Aquatic League or Bon Air Community Association to provide or obtain any first aid, medical treatment, or service deemed necessary for my child in the event of an accident, injury, or illness, when I am not available. I indemnify and hold harmless such representative(s) individually, RMAL and Bon Air Community Association, and their officers, directors, coaches, officials, employees, or agents from any and all costs and/or liability arising from such treatment. **A non-parent cannot legally sign this waiver for other people's children. It must be signed by a parent/legal guardian.**

Date Parent/Guardian Signature

