

NORTHSIDE AQUATICS Medical Form and Consent to Urgent Medical Treatment

Name _____ Date of birth (M/D/Y) _____ Age _____

Home address _____

City: _____ State: _____ Zip _____

Name of Legal Parent or Guardian (Please designate) _____

BusinessTelephone (Father) _____ BusinessTelephone (Mother) _____

Emergency Contact (Other than parents) _____ Telephone _____

Past Illnesses _____

Current Medications _____

(Please send specific instructions with your child's medication.)

Allergies _____

Allergies to Medications _____

Date of Last Tetanus Booster _____

- Please check if you authorize certified personnel to give your child first aid treatment (treating, but not limited to, cuts, burns, etc and/or CPR) when necessary or as seen fit.

- Please check if you authorize Northside Aquatics personnel to call emergency service if you child becomes injured in a way that it may be deemed as "Life Threatening" and/or when a parent/guardian can not be contacted.

Medical Insurance Company Name _____

Policy Number: _____ Name of Child's Physician: _____

Physician's Telephone Number: _____

If in the opinion of a properly licensed and practicing physician, (my/our) (son/daughter) needs medical or surgical services which require (my/our) authorization or consent before being supplied, (I/We) hereby authorize, appoint, and empower Northside Aquatics, to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and (I/We) release Northside Aquatics from any liability which may arise from the giving by it of such authorization, it being (my/our) desire that (my/our) (son/daughter) be furnished with such medical or surgical services as soon as reasonably possible after the need arises. The undersigned agree(s) to pay for all medical expenses or other charges incurred on behalf of my/our child(ren).

Parent or Parents Signature(s) _____ Date: _____

NORTHSIDE AQUATICS MEMBERSHIP REGISTRATION FORM (2008 - 2009)

SWIMMER'S LAST NAME _____ FIRST NAME _____ MI _____

HOME ADDRESS _____

CITY _____ ST _____ ZIP _____ HOME # _____

ATHLETE'S CELL PHONE # _____ ATHLETE'S E-MAIL _____

MOTHER'S NAME _____ FATHER'S NAME _____

OCCUPATION _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER _____

WORK PHONE (_____) _____ WORK PHONE (_____) _____

CELL PHONE (_____) _____ CELL PHONE (_____) _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

SWIMMERS' INFORMATION:

Swimmer's Name _____

M / F DOB ____ / ____ / ____ AGE _____ GRADE _____

School _____ Summer Club _____ Are you a

Member of USA Swimming Member? Y / N. If so, for how long? _____

Date Last Completed ____ / ____ / ____ T-shirt Size - Youth L / XL or Adult S / M / L / XL / XXL

Permission to Participate and Liability Release:

I, _____, the above listed applicant and/or the parent/guardian of the above listed child and family members, agree to participate and/or agree to allow my child and family members to participate with Northside Aquatics Club (NAC) and hereby release NAC, the coaches and staff of NAC, UNITED STATES SWIMMING, ILLINOIS SWIMMING, CHICAGO PUBLIC SCHOOLS, and NORTHSIDE COLLEGE PREP H.S. and its staff, their agents and employees from any injury that may occur to myself, my child, or family members while participating in the programs of NAC, including travel to and from training sessions, scheduled activities, and swimming meets. I hereby agree that I, my child, or family members may travel with the team coaches, staff, or any other person who provides transportation to or from such events or practices. I agree to indemnify and hold harmless the above mentioned, their agents and employees against any and all liability from personal injury, including injuries resulting in death, or damage to property, or both while I, my child, or family members are participating in the program. I agree to reimburse the above parties for any damages they are compelled to pay arising from any such claims, demand, action or cause of action by myself, my child or family members.

SIGNATURE OF PARENT/GUARDIAN

DATE

Northside Aquatics

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Northside Aquatics to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Northside Aquatics' Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the Northside Aquatics setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Northside Aquatics or in the larger community. One example of this could be videos in parent education classes.
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used for print, video, digital media, and on the Northside Aquatics website. I agree that these images may be used by Northside Aquatics for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____