

**East Lyme All Star Sports School
Emergency Medical Authorization**

I hereby grant permission, in case of injury, to have an athletic trainer and/or medical doctor provide me with medical assistance and/or treatment.

Name

Signature

Date

If you are under 18 years of age, a parent/guardian must provide consent for you to be given medical assistance and or treatment by signing below.

Parent/Guardian

Date

If said athlete is covered by any insurance company, please complete the following:

Name of Carrier

Address

Policy Number

WAIVER STATEMENT:

“ The undersigned states that he/she understands that the East Lyme Aquatic & Fitness Center or Jack Stabach is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program in which the undersigned is enrolling or from his/her participating in said program and the undersigned hereby forever releases and holds harmless the said Nutmeg Swim Club, East Lyme Aquatic & Fitness Center or Jack Stabach from any and all claims of any kind that the undersigned or his/her heirs, executors, administrators or assigns may have claim to have resulting in any way from his/her participation in said program.”

I HAVE READ AND UNDERSTAND THE ABOVE POLICY.

Signature of person registering participant

Date