

**Participation and Emergency Medical Authorization Form  
Bluewater Barracudas Swim Team**

**1. Participation Authorization**

SWIMMER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

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SWIMMER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SWIMMER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

I, \_\_\_\_\_ hereby grant permission for my son/daughter(s) (listed above) to swim on the Bluewater Barracudas Swim Team. I hereby release the swim coaches, Board of Directors, Recreation Services, Inc., Eglin AFB and Hurlburt Field from all liability arising out of injuries sustained by my son/daughter(s) while participating in swim team activities, including but not limited to practices, competition, fundraisers and social functions.

We have insurance with \_\_\_\_\_, which will cover my son/daughter(s) in the event of an injury as required by Bluewater Barracudas Swim Team Policy. We will pay all expenses connected with an athlete injury that is not paid by our insurance or by the military (if parent or guardian is active military).

\_\_\_\_\_  
**Signature of Parent or Guardian and Date**

I, \_\_\_\_\_ hereby grant the use of our phone number on the team roster. This list will only be used to contact families with information regarding swim team and will not be used in advertising or marketing of the team.

\_\_\_\_\_  
**Signature of Parent or Guardian and Date**

I, \_\_\_\_\_ hereby grant the use of my son/daughters pictures to be used in advertising and on the team Website. The team will endeavor to use pictures that are of more than one swimmer or action shoots, unless it is an award achieved by that swimmer alone. If a picture is posted that I want taken off the web I understand that I need only notify the team webmaster in writing.

\_\_\_\_\_  
**Signature of Parent or Guardian and Date**

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**2. Emergency Medical Authorization**

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children listed on the other side of this form who become ill or injured while under Bluewater Barracuda authority when parents or guardians cannot be reached.

**Part I or Part II must be completed**

**PART 1: TO GRANT CONSENT**

In the event reasonable attempts to contact me at \_\_\_\_\_ (Phone #) or \_\_\_\_\_ (other parents or guardian) \_\_\_\_\_ at \_\_\_\_\_ (Phone #) have been unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by \_\_\_\_\_ preferred physician or \_\_\_\_\_ preferred dentist), or, in the event the designated preferred practitioner is not available, by another physician or dentist and (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performers of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: (list child's name and necessary information) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent or guardian)

**PART II: REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I want Bluewater Barracuda Swim Team authorities to take no action or to: (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature parent/guardian)