



Student Medical Information

Physician: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Hospital Preference: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please indicate the appropriate response:

Does swimmer have Asthma? YES NO If yes, please answer the next 2 questions.

How frequent are the attacks? _____

Are the Asthma attacks exercise induced? YES NO

If student has Asthma, please be sure to have appropriate medication on hand in case of an emergency.

In case of an emergency please notify:

Name: _____ Phone: _____

Other special medical conditions or relevant information:

(Please include Attention Deficit Disorder, Attention Deficit Hyper-Activity Disorder, Autism, Speech Delays, Mental Delays, Motor Skill Delays, Allergies, etc.)



Release of Liability and Waiver of Certain Legal Rights

I, acting on behalf of myself, my family members, all other members of my household, all guests or persons employed by me accompanying the above persons, as well as in the capacity as the legal guardian of the children named below, (collectively the "Participants"), hereby release and discharge Cougar Swim School, the owners, officers, directors, employees, agents, successors, legal representatives and assigns (collectively the "School") from all claims, demands, actions, judgments and executions of any kind, nature and description, including without limitation those arising with respect to or in any way related to any swimming programs or activities conducted by or associated with the School, its facilities and/or any facilities used by the School (the "Programs"), whether arising out of past, present, or subsequent events, whether known or unknown, without regard to the cause or causes thereof or the negligence or gross negligence of any party or parties, including that of the School. The Participants agree to protect, defend, indemnify and hold harmless the School from and against any and all liability, loss, damage or expense, including reasonable attorney's fees, the School may suffer or incur as a result of any claims, demands, costs, litigation, injury to persons or property, death or judgment against the School of every kind and character by, for, through or on behalf of the Participants, without limit and without regard to the cause or causes thereof or the negligence or gross negligence of any party or parties, including the School, with respect to the Programs. The Participants agree to maintain in force adequate insurance coverage, including without limitation property, casualty, liability, and other insurance, sufficient to cover all of their obligations under this Agreement. I hereby represent and warrant that I have legal authority to act on behalf of the Participants and to legally bind the Participants to the terms of this Agreement. I have noted on the back of this Agreement any and all medical history or other information of which the School should be aware that would or could affect participation of any of the Participants in the Programs. The Participants hereby authorize the School to treat any Participants in any medical emergency arising during or incident to the Programs.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE. Alterations of original document not accepted.

SIGNED (Client's name): _____

PRINT NAME: _____ DATE _____

WORK PHONE _____ HOME PHONE _____

Driver's License # _____ State _____ Expiration Date _____

PARTICIPANTS (List only those swimming)

_____ Male ___ Female ___ BIRTHDATE ____ - ____ - ____

_____ Male ___ Female ___ BIRTHDATE ____ - ____ - ____

_____ Male ___ Female ___ BIRTHDATE ____ - ____ - ____