

# Youth Water Polo

## Participant Information and Medical Release Form

Name of Participant \_\_\_\_\_

Male       Female      Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Custodial Parent/Guardian Name (*if applicable*) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian e-mail (*print clearly*) \_\_\_\_\_

### Alternate Emergency Contacts:

Primary (Name) \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Secondary (Name) \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

(1) **If you plan on carpooling** or (2) **the Participant must leave the Program** for any reason and you cannot be reached, there must be another adult available who will take responsibility for removing the Participant from any facility hosting the Program.

### Name(s) of adult(s) *other than parent/guardian* authorized to act on your behalf in this situation:

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Name \_\_\_\_\_

### Physician or clinic you usually consult for medical care:

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

### Medical Insurance Information

Do you have medical insurance coverage for the participating child? (*Check one*)       Yes     No

**If yes, complete the following information**

Insurance Company's Name \_\_\_\_\_

Medical/Hospitalization Insurance Policy # \_\_\_\_\_

Phone Number of Office Holding Policy (\_\_\_\_\_) \_\_\_\_\_

Medical Information:

Date of last tetanus immunization (*required info*) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Allergies: \_\_\_\_\_

Drug Sensitivities \_\_\_\_\_

Current (or past) medical/behavioral/psychological problems being treated \_\_\_\_\_

Current restrictions/recommendations due to medical condition(s) \_\_\_\_\_

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? (*Check one*)       Yes  No

Current medications & reason for taking \_\_\_\_\_

List all medications taken routinely (*including over-the-counter or nonprescription drugs*) (please attach additional sheet if necessary):

_____	_____	_____
Medication	Dosage	Time to Dispense

_____	_____	_____
Medication	Dosage	Time to Dispense

_____	_____	_____
Medication	Dosage	Time to Dispense

Do you have any health concerns about your child participating in this activity (Program)?  
(*Check one*)     Yes  No

If yes, please elaborate: \_\_\_\_\_

If your child is dealing with any type of learning disability that you think we should be aware of so their Program experience is the best it can be, please consider sharing this information with us:

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\*\*\*Please be advised that if you have any doubts at all about your child's ability to participate in program activities, you should probably consult with your child's doctor.\*\*\*

In order to recognize any changes in your child's normal demeanor while participating in the Program, we would like to know how you describe their behavior at home when socializing with friends (ex. shy, outgoing, sensitive etc.)

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It is necessary that your child know how to swim. Please self-report your child's swimming level. Depending of the facility, we may or may not have certified life guards on available at any given facility and thus **all participants are swimming at their own risk.**

Swimming Level (*check one*):       Weak       Average       Strong

I understand that marine and water related activities, including swimming, and other water activities are strenuous activities that require stamina, skill and good health as essential prerequisites for my child's safety and well being. I hereby confirm that my child has no known emotional or health problems incompatible with swimming and other water activities. I understand that I should seek the approval of a physician if I am uncertain as to my child's physical fitness for the rigors of swimming and other water activities.

Knowing the risks outlined above, is your child capable of participating? Please indicate that s/he may participate. (*Check one*)       Yes       No

Clearly print or type remarks: \_\_\_\_\_

I agree to notify the Program directors as soon as possible of any change that may occur in my child's physical or mental health prior to arrival at the Program or in the course of his/her ongoing participation.

- **I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**
- **I AUTHORIZE THE ABOVE LISTED ADULT(S) TO TAKE CHARGE OF THE PARTICIPANT IF HE OR SHE MUST LEAVE THE PROGRAM AND I CANNOT BE REACHED.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature (Signature of one parent binds both parents)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Printed Name

\_\_\_\_\_  
Participant's Printed Name