



MINNESOTA SWIMMING

Central Zone Championship Meet

Minnesota Swimming, Inc.

ZONE MEET PERMISSION AND RELEASE FORM

I hereby give my permission for _____
(Please Print Name of Swimmer)

to accompany the MN LSC TEAM (Team Minnesota) to the Central Zone Championship Meet

held in Indianapolis, IN on August 10 – 13, 2006.

I further waive all claims for injury, accident, or liability of any kind for the above-mentioned swimmer, and in case of an accident or injury in any way resulting, directly or indirectly from participation in such program, hold harmless from any liability therefore Minnesota Swimming, Inc. (MSI), its officers, coaches, chaperones, managers, or any other person or persons in any way connected or associated with Team Minnesota and/or the Central Zone program.

Furthermore, in case of emergency medical attention which may be required, I authorize the adult coaches, chaperones, and/or other adults traveling in an official capacity with the team to act for me according to their best judgment and ability.

(Signature of Parent or Guardian) Date: _____

MEDICAL INFORMATION:

List medication and dosage the swimmer is taking now: _____

Pre-existing conditions (asthma, epilepsy, etc.): _____

Allergies (include medicines needed): _____

Other pertinent information the coach, and others in charge, should know about the swimmer:

Physician's Name: _____ (_____) _____
(Please Print) Phone Number

Name of Parent or Guardian: _____
(Please Print)

Address: _____
Street City State Zip

Telephone Day: (_____) _____ Evening: (_____) _____

Phone number(s) during meet competition: (_____) _____ (cell/pager/etc)