



MINNESOTA SWIMMING

Central Zone Championship Meet

Minnesota Swimming, Inc.

ZONE MEET PERMISSION AND RELEASE FORM

I hereby give my permission for

_____ Name of Swimmer

to accompany the MN LSC TEAM (Team Minnesota) to the Central Zone Championship Meet held in Topeka, KS on August 9 – 12, 2007.

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.

Date: _____

Signature of Parent or Gaurdian

MEDICAL INFORMATION:

List medication and dosage the swimmer is taking now:

Pre-Existing conditions (asthma, epilepsy, etc.):

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 Gaurdian:

Address:

_____ Street City State Zip

Home Phone

Cell Phone
