

# CCA Medical Release Form

## FOR TRAVEL USE ONLY

GROUP \_\_\_\_\_ MEET \_\_\_\_\_ DATE \_\_\_\_\_

## HEALTH AND RELEASE FORM

Name of Swimmer \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt# City State Zip

Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

### Please indicate action desired in the event of an emergency:

1. In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the **CALIFORNIA CAPITAL AQUATICS** to make such arrangements, as he considers necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician below to undertake such care and treatment of my child, as he considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.  
\_\_\_\_\_ (please initial)

2. In the absence of a parent, call \_\_\_\_\_  
Name Phone

3. PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

4. I do not choose the above statement and desire the following action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The undersigned hereby agrees to bear costs incurred as a result of the foregoing action.

\_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy Number

\_\_\_\_\_ Father's Signature Date \_\_\_\_\_ Mother's Signature Date

Please check here if there are no known health problems \_\_\_\_\_

Please indicate here of any known health problems, disease, etc. \_\_\_\_\_  
\_\_\_\_\_