

**MEDICAL RELEASE STATEMENT**

I, \_\_\_\_\_ (parent) hereby agree to allow my child to participate as a member of the 2015 Zone Team that will be competing in Seven Lakes, NC and representing North Carolina Swimming. I consent to my child signing the Code of Conduct Statement below and further agree to release all liability from USA Swimming, Inc., NC Swimming, Inc., the meet sponsors, meet hosts, 2015 Zone team coaching staff, managers and chaperones for any and all injuries suffered by my child at the event or while on this trip. ***I understand that if my child is in violation of the NCS CODE OF CONDUCT that he/she can be dismissed immediately from the event and that I am responsible for providing my child with transportation from the team assembly point.*** In case of a medical emergency, I hereby authorize any of the Zone coaches, officials, managers or chaperones to give consent for medical treatment to be administered to my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SWIMMER CONSENT STATEMENT**

I, \_\_\_\_\_ (swimmer) hereby apply to become a member of the 2015 Zone Team that will be competing in Seven Lakes, NC and representing NC Swimming, Inc. ***I understand that by representing NC Swimming my behavior must be beyond reproach. I further understand that I will abide by the ZONE TEAM CODE OF CONDUCT agreement.*** I agree to release all liability from USA Swimming, Inc., NC Swimming, Inc., the meet sponsors, meet hosts, 2015 Zone team coaching staff, managers and chaperones for any and all injuries suffered by me at the event or while I am on this trip.

Swimmer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE STATEMENT**

As part of the 2015 Zone Team trip, we will be producing daily updates on our swimmers performances and may post photographs on the NCS website. Athletes are asked to sign below to give us permission to use their photos for the website, for the 2015 NCS Awards banquet and for publicity surrounding the Zone meet in the future.

Athlete Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**ATHLETE MEDICAL HISTORY**

Physician's Name	Phone Number: ( ) -	Insurance Company:
Please list any Allergies as well as treatments:		Insurance Policy No:
Is the athlete taking any prescribed medications?		

**Who can we reach someone in case of an emergency:**

Name of Person: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Please list any foods to which this athlete is allergic or has difficulty tolerating: