

Piedmont Swim Team Medical Form

Please mail your completed Medical Consent Form(s) to: Jenny Brandt, 14164 Snickersville Dr., Gainesville, VA 20155. If you have questions, please contact Jenny Brandt at jennbrandt@aol.com. The Piedmont Swim Team has your child's best interest in mind to insure that if an emergency were to occur, the staff would be able to react in the best possible manner. Failure to fill out this form completely, including signatures, will result in your child being unable to participate in team activities.

Participant: _____ Age: _____ Date of Birth: _____

Parent's or Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Day Phone: (Father) _____ Day Phone: (Mother) _____

Physician's Name: _____ Phone: _____

Persons to contact in case of emergency (other than above):

Name: _____ Phone: _____

All questions pertain to the participant. (Please circle the correct response.)

1. Have you ever had pains or a sensation of pressure in your chest that occurred with exertion lasting a few minutes, and then it subsiding with rest? YES NO
2. Do you have any known cardiac conditions that might prohibit an exercise program? YES NO
3. Do you or any of your relatives have a history of heart disease? YES NO
4. Do you experience unusual breathlessness or exertion that is more than experienced by others doing the same sports activity? YES NO
5. Do you take any prescription medicine on a regular basis? YES NO
6. Do you have any allergies? YES NO
7. Does your heart ever beat unevenly or irregularly or seem to flutter or skip beats for no apparent reason? YES NO
8. Do you have any orthopedic problems affecting the feet, ankles, knees, or hips that cause pain or limit motion in any way? YES NO
9. Do you have asthma or any other respiratory ailment? If so, do you need to bring an inhaler to practice? YES NO
If you have answered "yes" to any questions, please explain in further detail.

In consideration of the use of any service or property of the Piedmont Club regarding the sponsoring of various programs, and allowing (participant's name) _____ to participate, I the undersigned do hereby agree to hold the Piedmont Club, their officers, agents, and employees free from any liability for any personal injury or damages incurred as a result of participation in a program sponsored by the Piedmont Club.

Date: _____ Parent's/Guardian's Signature: _____

In the event that my child needs emergency medical treatment or hospitalization while at the Piedmont Club, I hereby give my permission for the rescue squad to be called, and for emergency medical treatment to be given as required. Also, if deemed necessary, for my child to have them transported to the nearest hospital.

Date: _____ Parent's/Guardian's Signature: _____

Photo Release and Consent

Please sign below to authorize the acceptance or rejection of permission to publish a swimmer's photograph on the Piedmont Tsunamis website.

Group photo without swimmer's name may be published: ___ YES ___ NO

Individual photo without swimmer's name may be published: ___ YES ___ NO

I hereby give authorization, indicated above by checkmarks, and release the Piedmont Tsunamis Swim Team, DeVore Marketing, and their owners, officers, employees, agents, members, and board members from liability or compensation claims resulting from or relating to the publication of this information. Any liability or claim for damages for any unauthorized publication shall be limited to \$100.00 per person.

Name of Swimmer: _____ Parent/Guardian's Signature: _____