

DIXON DOLPHINS SWIM CLUB – FALL SWIM PROGRAM

Fee \$150

Paid

APPLICATION, PARENTAL CONSENT AND MEDICAL RELEASE FORM

Family Name _____

Swimmer's Full Name _____

Date of birth _____ Age _____

Address _____ City _____ Zip _____

Father's Name _____ Mother's Name _____

Home Phone _____ Work Phone _____

IN CASE OF EMERGENCY PLEASE NOTIFY

Name _____ Phone _____

Relationship to swimmer _____

Doctor _____ Phone _____

Dentist _____ Phone _____

I hereby give permission for my child _____
to participate in the **DIXON DOLPHINS SWIM CLUB** from **AUGUST 25th, 2008 to
OCTOBER 31st, 2008**. I understand and agree that all of the coaches, the swim team Board
of Directors, swim team volunteers and/or the City of Dixon are not responsible for any
accident or injury sustained by anyone while participating in this program.

AUTHORIZATION AND CONSENT FOR TREATMENT OF A MINOR

I/We, the undersigned, parent(s)/guardian of _____ a minor,
do hereby authorize to **DIXON DOLPHINS SWIM CLUB** as agent(s) for the undersigned to
consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and
hospital care which is deemed advisable by and is rendered under the general or specific
supervision of any physician and surgeon licensed under the provisions of the medicine
practice act on the medical staff on any hospital, whether such diagnosis or treatment is
rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis,
treatment or hospital care being required but is given to provide authority and power on the
part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment
or hospital care which the aforementioned physician in the expertise of his/her best judgment
may deem advisable.

The authorization is given pursuant to the provisions of section 25.8 of the civil code of
California. This authorization shall remain effective through November 2008 unless sooner
revoked in writing delivered to said agent(s).

Parent(s)/Guardian _____ Date _____