



Jesús Aguirre  
Director

# DC Wave Swim Team Medical & Emergency Information Form

Please fill out this form and bring with you on the first day of practice. Every athlete must have this form submitted before he/she can begin practicing with the DC Wave Swim Team.

**Athlete's Name:** \_\_\_\_\_

Does your child have any physical, mental, or medical conditions? (Circle One)      Yes      No

If yes, please explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Hold: \_\_\_\_\_

Group: \_\_\_\_\_ ID #: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*I certify that my patient, \_\_\_\_\_, is of sound mind and body, and is of adequate health to participate in the DPR Aquatics exercise/swim program.*

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Parks and Recreation**



Jesús Aguirre  
Director

General Child Release Waiver

The signature below certifies that all the information contained in my child’s registration is correct and true. My signature also affirms my understanding that my child’s participation in DPR programs and activities may present some risk of injury. DPR assumes no liability for injuries or damages that result from my child’s participation in these programs or activities. I further grant DPR and its partner agencies and organizations permission to use my child’s likeness and words to describe, promote, and publicize DPR programs.

General Adult Release Waiver

The signature below certifies that all the information contained in this registration is correct and true. My signature also affirms my understanding that participation in DPR programs and activities may present some risk of injury. DPR assumes no liability for injuries or damages that result from participation in these programs or activities. I further grant DPR and its partner agencies and organizations permission to use my likeness and words to describe, promote, and publicize DPR programs.

Medical Permission Form

Some DPR Programs and activities require a medical doctor’s permission to participate. Medical forms must be submitted before the first day of the scheduled program or activity.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date