



MOUNTAIN SPRINGS SWIM CLUB, INC
Home of the Stingrays

MEDICAL CONDITION DISCLOSURE FORM

My child, _____, has experienced **the following medical conditions**
(please check all that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Back Injury | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other _____ |

The extent of the condition is: Mild Moderate Severe

PLEASE SIGN ONE OF THE FOLLOWING:

I certify that the condition has been treated by a doctor or certified clinician and is fully released to engage in a physical sport such as swimming and diving.

_____	_____	_____
Print Member Name	Signature	Date

---OR---

I certify that the condition is under the treatment of a doctor or certified clinician, and **he/she** is released to engage in a physical sport such as swimming and diving, with the following restrictions:

I further certify that I understand that Mountain Springs Swim Club will use this information only in the event that my child is injured and requires medical attention. I recognize that the pool staff and its officers are not medically trained beyond the minimum Lifeguard, CPR and First Aid certifications required by law. It is my responsibility to take all necessary precautions to safeguard my child from harm that could arise from his/her condition.

_____	_____
Emergency Contact (other than Membership info)	Phone

_____	_____
Pediatrician/Primary Care Physician	Phone

_____	_____	_____
Print Member Name	Signature	Date