

Markov's Aquatics Swimming Club

Life is too short to train somewhere else!

HEALTH REGISTRATION FORM

Parent names

Mother _____

Father _____

Address: _____ *postal code* _____

Phone: _____ *e-mail:* _____

Contact name and phone number in case of emergency: _____

Child's name and DOB: _____

Heath card number _____

Swimmer's school name and address: _____

All parents must confirm their child's physical health status through a medical examination prior to registering with M.A.S.C. I, the undersigned parent, hereby affirm that my child has undergone an evaluation by a qualified medical professional, exhibits no physical or mental health issues, and is in satisfactory condition. I, the parent, grant permission for my child to participate in the pre-competitive and competitive swimming programs offered by M.A.S.C. parent signature _____

M.A.S.C. retains the right to request the name of the attending physician and the date of the health examination.

Participation in aquatic programs may present some elements of risk. Incidents related to such activities may occur and cause injury, through no fault of M.A.S.C. or the facility at which the activity is being held. Participants shall assume all associated risks. M.A.S.C. shall not be held accountable for any injuries sustained during swimming training sessions or swimming competitions.

I, the undersigned parent, agree not to initiate legal action or pursue claims against M.A.S.C., its ownership, or its staff. I, the undersigned parent, acknowledge that I have read and understood the information presented above and agree to abide by its stipulations.

Parent signature: _____