



**Triathlete Swim Training Program
November 16, 2009-September 15, 2010**

MEDICAL FORM

Swimmer's Name: _____ Date of Birth: day ____ month ____ year ____

Swimmer's Health Card #: _____
(please provide a copy of swimmer's health card)

Emergency Contact Name: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Please list any medical conditions regarding the swimmer's health care (allergies, motion sickness, asthma etc)

Condition	Medication	Instruction

Should this become necessary the swimmer authorizes North York Aquatic Club, its Board of Directors, coaches and/or any representative of the Club to authorize all necessary emergency medical, surgical or dental aid to the swimmer as may be necessary should swimmer suffer an injury or illness while participating in Club activities and agrees to pay for all the medical and any other related expenses incurred in such event in excess of the benefits allowed by Provincial Health Insurance Plans. It is further agreed that the North York Aquatic Club, its coaches, employees and volunteers will be forever held harmless from actions taken by them in aid of an injured athlete.

Signature

Date

LIABILITY RELEASE AND WAIVER

I, the undersigned, hereby certify that I have not been informed by a doctor or other medical or health practitioner of any physical or medical reason not to participate in vigorous swimming and related activities. I acknowledge that I am aware that there are risks inherent in my participation in a swim training program, including risks of death, injury, loss or damage to me.

IN CONSIDERATION of my taking part in swim training and related activities organized or conducted by North York Aquatic Club (NYAC), I hereby release and hold harmless NYAC, NYAC Coaches, Board of Directors and all those assisting them from any liability for death, injury, loss or damage to my person or property, however caused, arising out of or in connection with my taking part in swim training and related activities and notwithstanding that the same may have been contributed to or occasioned by the negligence or gross negligence of NYAC, Coaches, Board of Directors or those assisting them.

I confirm that I have read this liability release and waiver and that I agree to be bound by it. I also understand and agree that this release and waiver is to be binding on me, my heirs, my executors and my assigns.

Signature

Date