

**Lake Shore Yacht and Country Club
Medical Release and Liability Waiver**

Child's Name _____

Address _____

City _____ State _____ Zip _____

Emerg. Contact _____ Phone _____ Relationship _____

Physician _____ Phone _____

Insurance Information _____

IMPORTANT MUST READ

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Lake Shore Yacht and Country Club, and sponsors; recognizing the possibility of physical injury associated with swim team, swim camp, and in pool and land training programs.

I hereby release, discharge and/or otherwise indemnify Lake Shore Yacht and Country Club, its affiliated organizations and sponsors, their employees and associated personnel, including life guards and coaches, against any claim by or on behalf of the registrant's participation in the program and/or being transported to or from same, which transportation I hereby authorize.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Registrants Signature (18 and over) _____ Date _____

Consent for Medical Treatment (Minor)

As the Parent/Guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor or Medicine Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well being of the registrant.

Parent/Guardian Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ (home) _____ (Cell)