



# Ravensong Waterdancers

## Synchronized Swimming Club

### Medical Form

Swimmer's Name:	Birth Date (dd/mm/yyyy)
Email:	Home Phone:

Emergency Contact:	Relationship:
Home Phone:	Work/Cell Phone:

BC Medical # \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide list of all:**

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

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Other information that the club and Coaches should know: \_\_\_\_\_

The participant named on this medical form and his/her parents or guardians agree that the Ravensong Waterdancers Synchronized Swimming Club and it's staff/instructors and Board members shall not be held responsible or liable for any injury, loss or damage resulting from any cause whatsoever, negligent or otherwise, while in attendance at synchronized swimming practices, functions or meets.

Signature of Swimmer/Parent/Guardian: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

\*by signing this form you agree to have your contact information shared with Synchro BC