



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: _____

Other information that the club and Coaches should know: _____

By signing this document, 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