**DELTA VALLEY DIVING MEDICAL CLAIMS RELEASE FORM**

I understand there are risks inherent in participating in a diving club. I also understand that in order to be allowed to participate in the club I must give up my right to hold Delta Valley Diving liable for injury or damage which my child may suffer while practicing, competing, during transport to or from any team related activities, or any other situation related to team activity. In case of injury, I authorize the staff of Delta Valley Diving to render first aid and/or obtain whatever medical treatment deems necessary for the welfare of my child listed on this application. Additionally, if an athlete requires medical care due either from club activity, illness, or activity outside of club parameters, it is understood that a written release will be required from the athlete’s doctor before returning to club activity.

**Please Print Clearly**

**Participant’s Name**

Last Name First Name

Address

City State Zip

School Grade Birthdate Age Male Female

Home Phone Parent’s Work/Cell Phone

Email:

**Name of Insurance Carrier** **Policy #**

Primary Doctor Doctor’s Phone Number

Known allergens\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the athlete has allergens, does he/she carry medication in case of reaction?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency call:**

Name: Phone: Relationship:

Name: Phone: Relationship:

Parent/Guardian Release

I am the parent/legal guardian of the minor (print name)

I have read, understood, and agree to the terms and conditions of this application and I am signing this release on behalf of the said minor.

Print Name of Parent(s)/Guardian

Signature of Parent/Guardian Date