

FBTC AQUATICS CONSENT FORM

Family Name _____

Child(ren) First Name(s) (please list all children participating in aquatics programs)

I hereby give my permission for those listed above to participate in Farmington Swim / Dive / Water Polo activities during the 2024 season that begins in May, 2024. Further, I authorize the team/club to provide emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent or Guardian (print): _____

Parent or Guardian signature: _____

Address: _____

Contact #: _____

2nd Contact #: _____

Work #: _____

Family Physician Name: _____

Physician Phone #: _____

Pre-existing medical conditions (allergies, chronic illnesses, etc) listed by child:

Emergency Contact Name: _____

Phone #: _____