



## Medical Release Form

Update 9/19/09

The Bay Area Stars Diving Team, its coaches and representatives are hereby absolved of any responsibilities, legal or otherwise, resulting from an accident, injury or death occurring at any workout or clinic held

We hereby agree not to sue or assert any claims of damage what so ever against Bay Area Stars Diving Team or its representatives.

We further give our permission to authorize administration of first aid or any emergency treatment to the participants named below in absent of a parent or guardian, if medical treatment is deemed necessary.

Date	<i>Adult's Signature</i>	Relationship
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Participant 1 .	Child	DOB
Participant 2 .	Child	DOB
Participant 3.	Child	DOB

Address	Street	City	Zip
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Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Family Doctors \_\_\_\_\_

Hospital Choice \_\_\_\_\_

Insurance	Name	Policy Number (s)
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Medical conditions \_\_\_\_\_  
 If necessary, please use the back page to list additional information

