

**Joe Flaherty's Dolphins  
Liability and Medical Information**

We, the undersigned, do hereby give permission for our child to train/compete as a member of Joe Flaherty's Dolphins, LLC. We understand that the coaches, volunteer parents, the Potomac Valley Swimming Committee and its representatives who represent the team in any capacity, do so for our mutual benefit, and that their sole responsibility towards us or our child is that of giving guidance and council as might be expected of a prudent person serving as companion. We expressly agree to hold these persons, collectively and individually, free from blame or suit for injury, or damages, or liability, or legal action of any kind, for any reason, and to hold them harmless from any action which might be brought against them for any reason whatsoever in connection with team activities.

In the event of illness or injury, permission is granted to have \_\_\_\_\_  
treated by a physician.

Please note that our child is allergic to the following medications:

\_\_\_\_\_  
\_\_\_\_\_

Please note that our child has the following health conditions:

\_\_\_\_\_

Emergency contacts if parents cannot be reached (Name, Relationship, and Phone Number)

\_\_\_\_\_  
\_\_\_\_\_

Our Medical Insurance Carrier Is: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group # (if applicable) \_\_\_\_\_

**Signature of Parent or Legal Guardian:**

\_\_\_\_\_  
(date)