



**Medical Authorization**

I grant permission for my child's coach, assistant coach or responsible adult to obtain medical care for my child in my absence

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Release Form**

I certify that the above information is correct and consent to the participation of \_\_\_\_\_ in the Los Alamos Aquatomics programs. I waive, release, absolve, indemnify and agree to hold harmless the Los Alamos Aquatomics Swim Team and its coaches and supervisors for any claim arising out of injury to my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date