

Southwestern Community College District
Crown Cove Aquatic Center
 5000 Highway 75
 Coronado, California 92118
 (619) 575 – 6176



Health History & Medical Authorization

Last Name		First Name	Initial	Birth Date	Age	Sex <u>(M)(F)</u>
Street Address			City	State	Zip	
Name of Parent or Guardian			Home Phone	Work Phone	Cell Phone	
Name of Other Emergency Contact			Emergency Phone	E-mail		

Medical Authorization

I do hereby authorize any Southwestern Community College District or California Department of Parks & Recreation representative or board certified physician or surgeon as agent for the undersigned, to consent with respect to any x-ray, anesthetic, dental or surgical diagnosis of treatment or hospital care deemed advisable by, and rendered under the general or special supervision of any board certified physician or surgeon, be it in or out of an office or hospital. I understand that Southwestern Community College District, its officers, employees, agents and volunteers, California Department of Parks & Recreation, California Department of Boating & Waterways are not responsible for any cost incurred on my or my assigns behalf for medical care as a participant in any part of the program, whether as a volunteer aid or instructor, or as a spectator or participant.

Moreover, to my knowledge there are no existing conditions that would preclude participation by the above named in any aquatic sports activity.

Participant's Signature	Printed Name	Date
Parent / Guardian Signature	Printed Name	Date

Health History (Circle if Applicable)

*Asthma
 *Seizures
 *Heart Problems
 *Congenital Defects
 *Diabetes
 ADD/ADHD

Recent Hospitalization
 *Now Under Doctors Care
 Tuberculosis
 Chicken Pox
 German Measles
 Other Measles

Allergies:
 Hay Fever
 Food Products
 Bee Sting
 Animals
 Drugs

* Requires a doctor's written authorization to participate

Please provide additional information on circled items

Participants Signature	Date	Parent / Guardian Signature	Date
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Waiver and Release of Liability

In accordance with Title 5, California Code of Regulations Section 55220, and in consideration of my participation in said field trip or excursion, I hereby release the Southwestern Community College District, its officers, employees, agents and volunteers from and waive all claims for injury, accident, illness, death or property damage occurring during or by reason of said field trip or excursion, except for any claims based upon the fraud, willful injury to person or property, or violation of law, by the District, its officers, employees, agents and volunteers from any claims and actions for damage or injury which any person may assert by reason of my conduct while participating in said field trip or excursion.

_____ Participants Signature	_____ Printed Name	_____ Date
_____ Parent/Guardian Signature	_____ Printed Name	_____ Date

PROGRAM DESCRIPTION & REQUIREMENTS
(Read & Initial Boxes)

Southwestern Community College District, through its Crown Cove Aquatic Center, makes boating and water safety training programs available to “provider” youth serving agencies. These agencies are responsible for the selection, transportation and general supervision of all participants taking part in the program. Prior to any participation, each agency is required to have the participant and, in the case of minors, the legal guardian, complete, sign and have on file at the Center the following:

1. Waiver and Release/Liability
2. Program Description
3. Health History & Medical Authorization

☐ It is the intent of this Program Description to inform the participants and parents or guardians of the inherent risks associated with any and all aquatic sports activities. These risks include, but are not limited to; injuries, accidents and conditions associated with collision, immersion, submersion, environmental hazards, exposure, marine life hazards, physical fatigue, mental and physical stress, acts of God or people, and encompass all aspects of the activity including transportation to and from the program, cleaning and storage of equipment, equipment failures, all instruction and practice associated with the program activity and the facilities attendant thereto.

☐ It is agreed to, by the participant, parent or guardian, that the participant is physically able and mentally prepared to take part in aquatic sports activities on open flat and moving water and that such participation may require an assumption of risk as to the degree of danger and the ability to make independent decisions that could result in serious injury or death. Moreover, it is understood, that should the behavior of the participant present a danger to self or others or a distraction to the instruction or directions being given, that the participant may be removed from the program.

I authorize my child’s photograph and name to appear in print ads or on the college’s publications for Southwestern Community College and Crown Cove Aquatic Center while engaged in campus activities and classes if selected.

☐ Yes ☐ No

_____ Participants Signature	_____ Printed Name	_____ Date
_____ Parent or Guardian Signature	_____ Printed Name	_____ Date