



## Medical Release / Transportation Form

**Update 8/21/ 2022 One form per child.**

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

I understand that participating in the Bay Area Star Diving Team is the family's choice, and as a condition of being on the team, we hereby agree not to bring suit or assert any claims of damage what so ever against Bay Area Stars Diving Team or its representatives which include but not limited to coaches, administrators, gym owners, pool management personnel, meet officials.

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.

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Date	<i>Adult's Signature</i>	Relationship
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Participant. \_\_\_\_\_

Child	DOB
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Address \_\_\_\_\_

Street	City	Zip
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Contact number 1 \_\_\_\_\_ 2 \_\_\_\_\_

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

Insurance \_\_\_\_\_

Name	Policy Number (s)
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Medical conditions and or school accommodations. \_\_\_\_\_

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Transportation is provided by the parent/guardian and or other family arrangements. Athletes should be picked up at the end of each meet or workout. If there is a concern the BASDT coaching staff should be aware of please specify on the back of this document.