



# Ravensong Waterdancers

## Synchronized Swimming Club

### Medical Form

Swimmer's Name:	Birth Date (dd/mm/yyyy)
Email:	Home Phone:

Emergency Contact:	Relationship:
Home Phone:	Work/Cell Phone:

BC Medical # \_\_\_\_\_ Doctor's Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Please provide list of all applicable:**

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other information that the club and Coaches should know: \_\_\_\_\_

By signing this document, the participant named on this medical form and his/her parents or guardians agree that the Ravensong Waterdancers Synchronized Swimming Club and its staff/instructors and Board members shall not be held responsible or liable for any injury, loss or damage resulting from any cause whatsoever, negligent or otherwise, while in attendance at synchronized swimming practices, functions or meets. Your contact information will be shared with BC Artistic Swimming in accordance with their membership requirements.

Signature of Swimmer/Parent/Guardian: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

**ONLY AS REQUIRED FOR THE 2021/22 SEASON Please have a Coach or Board Member use the chart below to confirm verification of any required COVID Vaccine Passport(s) by BCAS and facilities. For now, this only applies to Master athletes but ALL members 12+ years old \*MAY\* be required to be able to attend meets in the future.**

Member Name:	Verified By:	Date: